

The American Journal of NURSING

VOLUME XXVIII

MAY, 1928

NUMBER 5



The Glands of Internal Secretion and Metabolic Processes

BY HOWARD M. SHEAFF, M.D.

THE glands of internal secretion have a regulating influence upon the growth, nutrition and development of the body. The mechanism by which these metabolic processes are regulated has been the object of long lines of investigation. Valuable information has been accumulating during the past fifty years. Tremendous advances have been made in the past fifteen.

Sifting out the inaccuracies of popular conception we have a few facts that have been clearly demonstrated with reference to some of the following glands: thyroid, parathyroid, suprarenal, pituitary, islands of Langerhans, thymus, pineal body and sex glands (ovaries and testes). Certain other organs, namely, liver, spleen, kidneys, appear to have in addition to their well-recognized functions the power of modifying some phases of metabolic processes. Each gland has its own type of cell which is capable of producing its own specific secretion. This substance, spoken of as a hormone, is carried into the body tissues by the circulating blood. Each substance is capable of affecting the physiologic activity of distant tissues in its own peculiar way. Disease of a gland may increase or

decrease the quantity of this hormone, or may change its character so that its effects may differ from the normal. In a few instances a lack of specific hormone may be corrected by supplying some from an external source; an overproduction of specific hormone in some instances may be corrected by removing surgically some of the overactive gland.

Each of these glands has a large blood supply through a network of blood vessels. A modification of this blood supply or of the number of cells in the gland or of the character of the cells in the gland will change correspondingly the character or quantity of its peculiar secretion. The blood supply may be interfered with by a clot or an embolus or inflammation, or by a tumor pressing upon blood vessels or gland tissue, or by germs carried to the gland where they start to grow. Or, the damage may come from toxic substances that are carried there from a distant point. Such damage results in at least altering the capacity of the gland to produce its normal secretion. The alteration may be temporary or permanent; it may be infinitesimal or perceptible in amount. The altered hormone modifies the normal rate of growth or development of body tissues

and thus alters the capacity of the tissues to use oxygen and food and to produce carbon dioxide and other wastes—to metabolize.

Some of these variations in metabolism are susceptible of measurement and so lend themselves to interpretation. One of the metabolic tests is known as the basal metabolic rate. As carried out clinically, this is a breathing test to determine the rate at which the body as a whole consumes oxygen and produces carbon dioxide. It is measured when the body is at rest, when the temperature is normal, when physical and mental activity are at a minimum and when digestive processes and their stimulative effects are at the lowest level. Measurement is expressed as calories of heat produced by the body per square meter of body surface per hour. An oversupply of thyroid secretion definitely raises the rate above normal; a shortage lowers it below normal. Other hormones influence the metabolic rate in one way or another; some in a way that can be interpreted and others not, at the present time. The varied interplay of hormones upon tissue adds enormously to the difficulties of interpretation.

One very fruitful method of studying the functions of any organ, and particularly of the organs of internal secretion, is to observe a patient with an abnormality of that organ, study the symptoms, and then ask why these symptoms occur.

An exophthalmic or toxic goiter presents itself with over-irritability, palpitation of the heart, sleeplessness, fine tremor of extended fingers and tongue, loss of weight, excessive appetite, easy fatigue, excessive perspiration, sometimes a prominence of one or both eyes, with or without a prominence of the thyroid gland, and an increased metabolic rate—10 to 100

per cent above normal. The increased or modified secretion of the thyroid gland has keyed up to a higher level the speed of the engine. All cells burn fuel, use oxygen, and produce carbon dioxide at an increased rate. A more rapid blood flow is required to convey these to and from the distant tissues. The heart rate increases in an attempt to meet this need. More fuel as food must be furnished, so appetite is increased; but often not sufficient food can be taken to balance against the excessive consumption, so body tissues are called upon to furnish the deficit. Excessive intake of food often irritates the gastro-intestinal tract and diarrhea results. The tremor is partly, at least, a result jointly of the increased cellular metabolism of nerve and muscle, the usual nice balance between sensory reception and motor response being disturbed. The prominence of the eyes is not completely explained, though it is brought about in part by a widening of the distance between the eyelids probably through irritation of the sympathetic nerves supplying Mueller's muscles which are attached to the lid cartilages.

The above train of symptoms may be set going in a normal individual by the administration of dried thyroid gland or of thyroxin (a chemical isolated from the thyroid gland by Kendall of Minnesota) in appropriate doses. The same drug in appropriate doses administered to a patient with dry hair, thick skin, lethargic disposition, slow pulse, diminished perspiration and a lowered basal metabolic rate, that is, a patient with myxedema, will cause the symptoms to disappear and the rate to rise to normal. Thus this condition, also known as hypothyroidism, may be corrected. If the dose to this individual is pushed up, hyperthyroid symptoms described above may supervene.

Symptoms of hyperthyroidism are often greatly magnified, whether the attack has an acute or a gradual onset, by the toxic material from some focus of infection, as tonsils, teeth, appendix, gall bladder, sinuses, or the like. These should be cared for where possible. It is customary among many and it is good practice always to put such a patient to bed to decrease the excessive demand of the active muscles and nerves and to slow the heart and reduce mental activity and anxiety. The ice bag over the heart is said to slow its rate. Iodine is often used at this stage to further lower the metabolic activity. The mechanism by which it accomplishes this is not known. The surgical risk of patients in high grade hyperthyroidism is notably high. The risk is reduced appreciably by a lowering of the metabolic rate accomplished through bed rest, sedatives, iodine and adequate food. When surgery is the next step, either the thyroid arteries may be tied off, thus reducing the blood supply to and therefore the secretory rate of the gland, or part of the thyroid gland may be removed, leaving only an amount sufficient to furnish the normal quantity of secretion. X-rays and radium are applied to the over-active thyroid, but their use has been over too brief a period of time and is not susceptible of sufficiently accurate control to justify them at the present time as conservative procedures.

The adolescent goiter which is far more common in girls than in boys, occurs at the time of life that its name indicates. It is found especially in the so-called goitrous districts which comprise the country surrounding large inland fresh-water lakes. The condition frequently subsides spontaneously, but it does often seem to serve as a basis for future thyroid enlargement. Such an enlargement

may become a toxic or hyper-thyroid in the twenties or thirties, a non-toxic adenoma in the thirties or forties which may become toxic later, a large unsightly colloid goiter in the forties or fifties. The last may degenerate into a cystic goiter, and a diminution of normal secreting gland tissue result in a hypothyroidism. The infant born with a deficiency of thyroid tissue, known as a cretin, is mentally slow, has thick skin, coarse hair, coarse typical facial features, chubby extremities, is clumsy and fat. The condition may be improved for a time by the feeding of dried thyroid or thyroxin. Death usually takes such children before they get far into the teens, because of their susceptibility to respiratory infections.

The parathyroid glands are several small masses of tissue on either side of the thyroid gland. Care is exercised now in surgery to avoid the removal of these when the thyroid is removed. Deficiency or lowered activity of this glandular tissue occurring in infancy gives symptoms of so-called spasmodic tetany. There is an over-irritability, twitchings of the muscles of the extremities, and pains, occasional convulsions, contractions of hands and feet in carpo-pedal spasm. These symptoms are associated with a marked lowering of the calcium content of the blood and a diminished output of phosphates in the urine. A similar picture may arise later in life when damage comes to the glands through inflammation, tumor, disease or surgical removal. Death results from exhaustion unless the calcium content of the blood is raised to the normal level. This may be accomplished by the use of calcium compounds by mouth or intravenously or by the use of parathyroid extract hypodermically. This material was isolated by Collip of Canada and is one

of the most recent marked advances in the field of the endocrines.

The suprarenal glands are cap-like structures fitting over the upper pole of each kidney. They contain two types of tissue. The outer layer is known as cortex, whose function has not been defined beyond a general relationship to sexual development and the probable production of a chemical which lowers blood pressure. The inner portion, known as medulla, has much the appearance of certain yellowish colored centers of the sympathetic nervous system. It plays an important part in the control of blood pressure, of the state of tone of the blood vessels and of pigment formation of the skin. As is true with other ductless organs, there may be an over-functioning or under-functioning of this tissue. The disease most commonly seen in which these glands are damaged is known as Addison's disease. Symptoms consist of progressive general languor and weakness, enfeebled heart action and lowered blood pressure, gastro-intestinal irritability and a bronzing pigmentation of the skin. The cause of these symptoms and their invariable advance to death is not understood. Some relationship does exist, however. An extract of the gland, made first by Abel of Johns Hopkins, and now used clinically throughout the medical world as adrenalin or suprarenin, or some name of similar significance, causes the muscles of the blood vessels to contract, muscles of the bronchi to relax, blood pressure to rise and sugar in the liver and tissues to be made available at once for fuel. The administration of adrenalin, however, does not cure Addison's disease nor does it relieve its symptoms. The damage to the suprarenals in this disease is due almost always to a localized tuberculosis from a focus in

another organ. Again, circulatory failure, inflammation or tumor may be responsible for the damage.

The pituitary body or hypophysis is a pea-sized organ lying back of the bridge of the nose in front of a line connecting the ears, appearing as an extension of the brain into a bony pocket known as the sella turcica. It is made up of three parts which seem to possess different functions. In general it has to do with the control of the growth of bone and muscle and the burning or storing of carbohydrates and fats. The period in life during which damage is done to the hypophysis, whether before or after maturity, regulates the variation in symptoms that results. Over-activity of the gland, when occurring early in life, may lead to gigantism or a generally overgrown, tall individual; when occurring after maturity, to acromegaly with thickening and prominence of facial features, especially maxillary bones and nostrils, enlargement of skull, enlargement of hands and feet, and symptoms due to pressure upon neighboring structures, such as eyes and brain. When there is an under-production of hormone beginning in childhood the symptoms include adiposity, infantile bony features and lack of sexual development; when the onset is in adolescence or later the result is adiposity and recession of sexual characteristics. Either of these conditions may be and usually is associated with evidence of failure or excessive function of one or more other glands of internal secretion. Evidences of hyper-activity may be followed later by evidences of hypo-activity. A common symptom in adults is an increased tolerance for sugar and an unusually large output of urine, a condition known as diabetes insipidus. The administration of extracts of different parts of the gland

seems not to modify the course of the disease. Pituitary extract which comes under several different trade names, is used clinically to cause contraction of smooth muscles such as uterine and intestinal muscle. It is used to some extent in deficiencies of the pituitary gland.

A group of minute cells lying between the glandular elements of the pancreas, known as the islands of Langerhans, have to do with the burning of glucose as fuel by the body. How it is accomplished we do not know, but material was extracted from these cells by Banting and Best of Toronto and it is marketed now under the name of insulin. This material, thought by some to be the hormone of the islands, is used in diabetes mellitus to supplement the power of the body to use glucose as fuel. Food taken into the body furnishes energy by being burned either in the form of glucose or fatty acid, or it is stored as carbohydrate, protein or fat. In this disease, when glucose fails to burn in sufficient quantity, that which fails to burn is treated as a foreign body and is excreted by the kidneys. This sugar, in order to be excreted, must be dissolved in water, so increased amounts of water are drunk and increased amounts of urine are passed. To meet the fuel deficiency, more food must be consumed, and thus we account for the increased appetite, also for the loss of weight and strength when the demand for more food is not met entirely. When the water deficiency is not met by increased intake, the tissues become dry, and often the vision is disturbed by this effect on the media of the eye.

When the glucose and fatty acids burn normally in the body, they burn economically and in a definite proportion one to the other. The development of an inability to burn glucose in

a normal amount disturbs that proportion. The body continues to demand just as much heat to maintain a temperature of 98.6 degrees and life, so when less glucose burns more fatty acids must burn. But the fatty acids, without the proper proportion of glucose, burn only incompletely, and these partially consumed products of fatty acid combustion which are acid in nature must be excreted largely by the kidneys. The body attempts to neutralize these acid substances with alkali normally present in the body and the result is a depletion of the alkali reserve of the body. By these steps the failure of the body to burn the requisite amount of glucose may and often does result in so-called acidosis with the added symptoms of very dry tissues, odor of acetone to the breath, deep respirations, drowsiness, flushed cheeks and coma. The increased respiration is demanded in part to help carry off the incompletely burned fatty acids and in part to carry off the carbon dioxide which the blood cannot carry as rapidly when the alkali store is depleted.

The correction of this long series of errors must start at the beginning. Glucose must be made to burn. Insulin can empower the body to do this. Fortunately the train of events can be interrupted, often before they have progressed far, and adjusting the food intake to just meet the fuel requirements brings the glucose down to an amount which the body can burn. Then insulin, the hormone, is unnecessary. In any case, with or without insulin as a help, the food must be carefully weighed in order to ensure the eating of an adequate and only adequate amount in proportions that will burn economically and include no more glucose-forming food than can be burned by the body.

The thymus is a thin flat gland

lying beneath the sternum. It is sometimes found enlarged in infancy and childhood, or may be persistent in maturity instead of diminishing in size at that time as is normal. Symptoms of enlargement or persistence are chiefly from pressure upon nearby structures. The function is not known, but it is assumed to be related to the lymphoid tissues because in death from status lymphaticus there is often marked thymus enlargement, also there is associated with enlarged thymus abnormalities of secondary sexual characteristics.

The pineal body is a small gland enclosed by brain tissue, whose hormone is not known and whose function is vaguely guessed at. Disease of the gland results largely in pressure on surrounding tissue, but there is associated often an early puberty, an increased tolerance to glucose, obesity and increased growth of hair.

The sex glands have directly to do with primary and secondary sexual characteristics. Removal of these modifies the characteristics. The hormones of the ovary, corpus luteum and testis are not known. Their effect is known only through removal of the glands. Replacement by giving dried gland by mouth, by extract hypodermically, by transplantation

from another individual, is entirely ineffective by the methods in use up to the present.

Liver, spleen, kidneys, placenta, secretory glands of the duodenum and other organs have numerous well-defined and some poorly understood functions. There is much evidence that indicates inter-relationship among certain of them. Some of the evidence points to the presence of hormones that regulate these inter-relationships. All we know of them is by their effects. What they are or how they operate is still in the realm of the unknown.

Progress in the study of the glands of internal secretions has been made through painstaking studies of the body and cellular metabolism, of diseases of the glands and of the pharmacologic effects of extracts of the glands.

The contributors to the general field have numbered more than to perhaps any other field. Charlatanry is encouraged in any field that is full of unexplored paths. To offset this, encouragement should be offered those who are gifted to explore the paths and to make known the truth, so that only the known and tested methods will be relied upon by intelligent people.

Nursing in Endocrine Disturbances

BY GUNDA ENGEN, R.N.

WHILE "endocrine disturbances" cover many diseases, essentially different and still fundamentally the same or closely related, the nursing care of all of these should require first, of course, a thorough knowledge of these glands and the important rôle they play in

the growth and metabolism of the body.

Many of these diseases do not need such nursing care as actual bedside nursing would cover, yet they do require nursing. These patients need watching, encouragement and help, probably more than any other type

of patient and should not these be included in "nursing"? A nurse who understands the patient's peculiarities and treatment, with the underlying principles involved, who encourages the patient to go on leading as normal a life as possible in cases where he cannot be cured and helps him to do this, is indeed a true "nurse."

Cases of hyperthyroidism and diabetes are probably the two types of endocrine disturbances we come in contact with most often. We have frequently the cases due to ovarian disturbances, Addison's disease, acromegaly, renal diabetes and obesity due to hypothyroidism, all of which come under this same group and all of which have different manifestations, but all requiring medical and nursing care.

The thyroid cases coming into the hospital require probably as much watching and careful nursing as do any other type of case. In this a nurse has a chance to show not only her skill in actual nursing, but in "mental nursing" and in being a true "watcher" as well. Symptoms of hyperthyroidism often come on so suddenly that we may not see the patient until he is at the height of his hyperthyroid state. These patients are brought into the hospital for a "rest" and, in many instances, an operation. They are very nervous, easily upset and excitable, irritable, "fussy" about many little things, many with a pronounced exophthalmos, some even delirious due to the toxic materials absorbed. The nurse who understands the reason for all this, will have far less difficulty in handling the patient and the case will be made more interesting. The pulse is rapid—120 to 130, sometimes there is slight fever—often a diarrhea. The patient has the appearance of "burning up" which, in fact, he is. Watch-

ing the pulse in this condition is very important. If Lugol's Solution or any other form of iodine is administered, great watchfulness is necessary as this sometimes precipitates an increased hyperthyroidism instead of quieting the patient and lowering the metabolic rate as expected. The task of keeping these patients at actual rest—both mentally and physically—is not an easy one, but is very important and requires much patience as well as skill. All relief from worry should be sought and anything apt to upset him kept from the patient. Diversions may be offered to help "rest" but nothing requiring much concentration. Physical rest may be helped, also, by frequent rubs and change of position. If the rest period is a long one, often a change of rooms or wards helps. Irritability, nervousness, and excitability can be helped much by the nurse with a quiet manner and tact, patience and understanding. The diet, too, is important. This must be balanced and still high enough in caloric value to enable the patient to hold his own weight and even gain if necessary. As the metabolic rate is increased, more food, will, of course, be needed. Many of these patients have no appetite and much ingenuity is required to persuade them to take the necessary amount of food. If this is the case, food high in calories should be given as much as possible, rather than bulky food with little nutritive value. Keeping up the morale and spirits of the patient and helping him really "rest" are not the smallest parts nursing plays in treating thyroid cases medically.

The postoperative thyroid patient is often in a very critical condition. These cases are also very uncomfortable—due partly to their nervousness and partly, of course, to the operation.

The nervous symptoms manifested before the operation are often aggravated, the pulse is usually rapid and weak, making cardiac stimulants necessary. Considerable mucus is present in the throat, caused by the irritation of that area and inability to clear the throat and so get rid of it. The patient also has difficulty in swallowing, but nourishment and fluids should be pushed as soon as possible, in order to keep the patient from losing any more weight than necessary. Quiet and rest are essential at this stage. After the first few stormy days, the patient usually recovers rapidly; but even then, until his normal metabolism is restored, he often is easily excited and upset and requires careful watching and handling.

The nursing of diabetics offers a comparatively new and interesting field. Actual bedside nursing is not necessary except in cases of acidosis or where there are complications making it necessary for the patient to remain in bed. Much care is required, nevertheless. The nurse here should be a teacher as well as a nurse. To do this, she should know the disease, its causes, treatment, principles of dietetics, urinalysis and the technic of administering the insulin. It is very essential that the patient understand his condition, factors involved, and how to regulate his habits so as to be as little hindered as possible by the diabetes and still able to keep it under control. The above are often very hard to teach, but there is usually some member of the family who is capable of learning, if the patient is unable or unwilling to follow instructions. If these facts are understood, a diabetic is far more capable of managing his own diet and life than if he merely weighs his food and takes his insulin in a mechanical way. Again "mental nursing" can

play a big rôle. Encouraging the patient to keep to his diet, take his insulin and lead his normal life as far as he is capable of doing, is a big job, but it brings results. He should be impressed with the necessity of keeping in touch with his doctor and of periodic examinations of the urine. He should be taught the importance of taking unusually good care of himself, as even a small infection from paring a corn, or a slight cold may bring about very grave results. Proper hygiene in caring for the hands and feet cannot be too strongly impressed upon these people, as many an amputation, due to gangrene, has been made necessary by the improper cutting of a nail, paring of a corn, or a slight burn. These patients do not have the ability to resist infection as a normal individual does and this fact cannot be stressed too much. In the hospital, the diabetics are, of course, seen with more acute symptoms and various complications. Some of these require much bedside nursing as, for instance, the diabetic brought in, in a state of acidosis. The use of insulin has almost completely revolutionized the treatment of these cases and has simplified it considerably. Before insulin came into use, the depleted alkaline reserve of the patient was built up by giving sodium bicarbonate. The nurse had to sit by the bed and feed the patient this, drop by drop, if he was unable to take it in any other way. This was often tiring and disheartening work, as so many of these patients never came out of their comatose state. The nausea, abdominal pain, deep rapid breathing, flushed face, "furry" tongue, and acetone odor to the breath, now clear up in an almost miraculous way after the injection of insulin a few times in proper dosages. Food in some form follows

the insulin, as otherwise the body will burn its own tissues. This is usually given in the form of milk or orange juice, as these are easy to swallow, well liked by most people, and easy to measure. Glucose retentions are often given, if the patient is unable to swallow. Fluids should be pushed, but not to excess, as acute dilation of the stomach may occur. About 100 c.c. of water every fifteen minutes is a good amount to give. All undue exertion on the part of the patient should be avoided on account of the weakened condition of the heart muscle and the danger that it will be unable to meet the tremendous strain put upon it. If any complication is present, such as gangrene or an infection of any kind, making surgery necessary, the diabetic must be closely observed and the urine tested about every six hours because the anaesthetic and operation may bring on a severe glycosuria and impending acidosis.

All nursing procedures should be carried out with the usual attention paid to technic and aseptic measures, as here again we have the grave danger of infection. These patients burn very easily, also. Dressings should be barely warm when applied and blankets, rather than hot water bottles or electric pads, used for external heat.

As yet no way of administering insulin except by hypodermic has proved successful. Therefore, aseptic technic must be used, for the patient has to take this regularly, every day—in many cases for the rest of his life. By injecting the insulin with the finest possible needle, and very slowly, between the fatty tissue and muscle fascia rather than into the muscle, it does not go in under pressure. This will prevent the hard lumps found so often in the arms of patients who have had numerous hypodermics. The pa-

tient should be taught by the nurse how to administer his own insulin and should be encouraged to give it to himself. A diabetic will often object strenuously to taking insulin as he says he does not wish to become a "dope fiend." If it can be made clear to him that we all have to have insulin for the proper metabolism of sugar and that in his case, the only difference is that it is injected into him, this objection can be overcome. His nervousness over injecting can be helped much by the nurse with the proper attitude, knowledge and interest.

Insulin reaction, or shock due to a hypoglycemia, is another phase of diabetes that a nurse has to deal with. This is manifested in different ways—shakiness, dizziness, trembling, great excitability, a "tired" feeling and even unconsciousness. Milk or sugar are the quickest means of relieving this condition when the patient is able to swallow. If he is unconscious, adrenalin is often ordered by the doctor and this brings almost immediate relief by setting free the glycogen stored in the liver. Patients will often pretend to have a reaction, in order to get food, especially if they are on a low diet and hungry. If the patient complains of these symptoms more than eight hours after the administration of the last dose of insulin, it is not, in all probability, a reaction, as these usually occur from four to six hours after the insulin has been given while it is at the height of its "burning" power.

The other types of endocrine diseases require no specialized nursing procedures as yet, but the progress of the disease, its characteristics and the changes noticed in the patient after treatment is instituted, all form a very interesting study. As science and medicine progress in their knowledge of the disturbances due to these

vitally important glands, the nursing care required by these patients must necessarily and should progress as well. A nurse must be not only a nurse, but a dietitian, laboratory technician, teacher and "mother," all in one, in order to be truly successful in caring for these cases.



FLORENCE NIGHTINGALE, AN ANGEL OF MERCY
Scutari Hospital, 1855

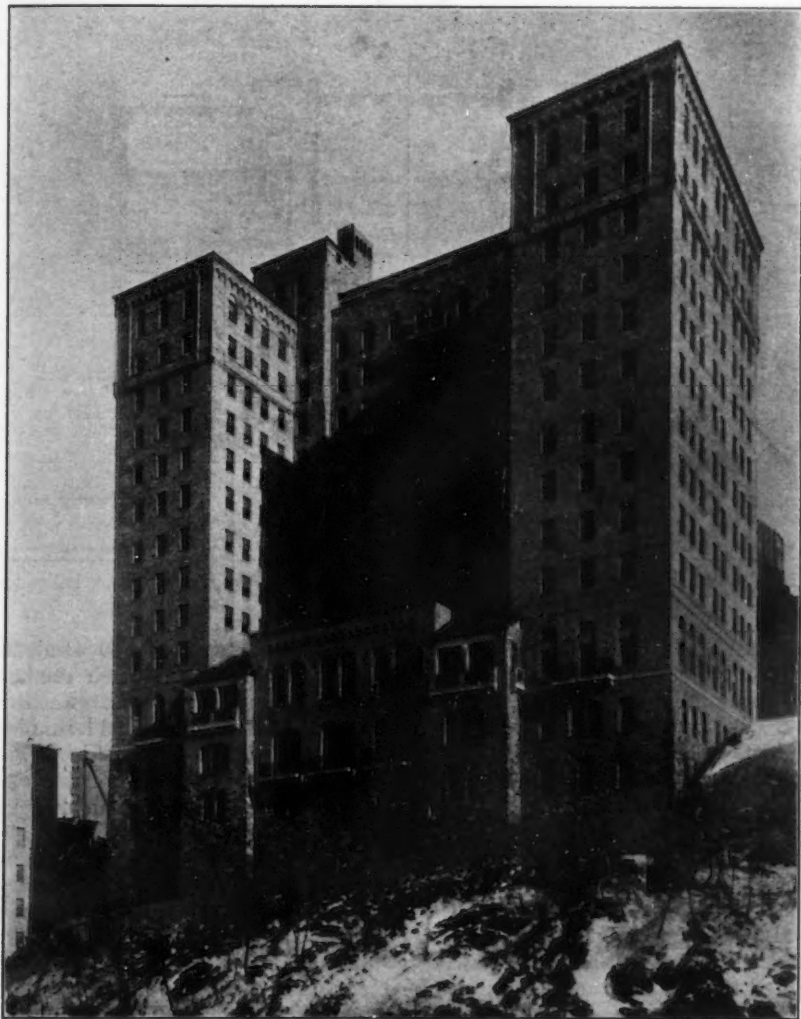
"When all the Medical Officers have returned for the night and silence and darkness have settled upon those miles of prostrate sick, she may be observed alone, with a little lamp in her hand, making her solitary rounds."—Letter from Scutari, in *The London Times*, Feb., 1855.

Anna C. Maxwell Hall

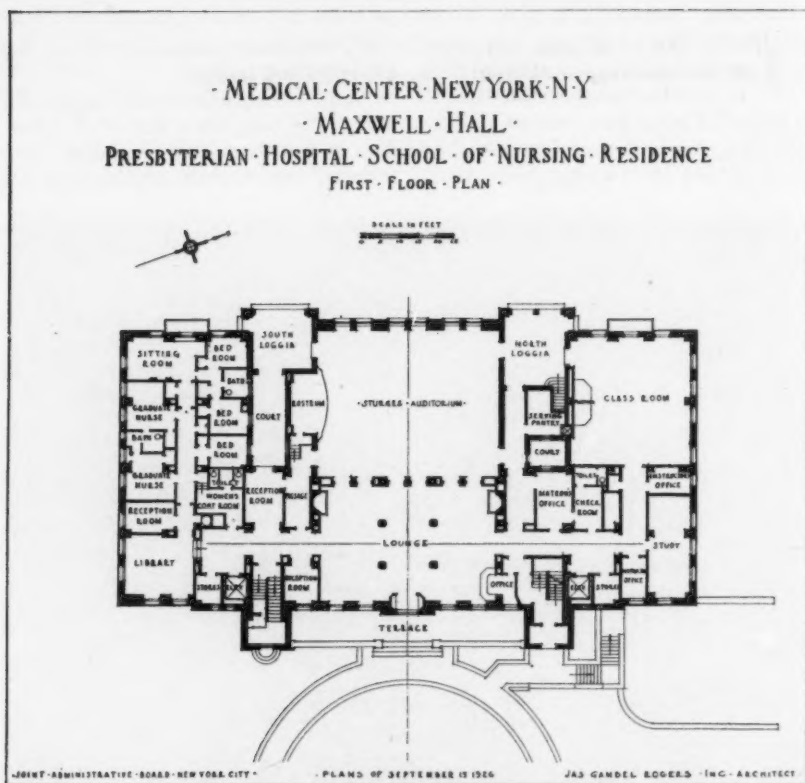
ON the first of March, just prior to the official opening on March 16 by the Presbyterian Hospital Board of Managers, Anna C. Maxwell Hall, the residence of the Presbyterian School of Nursing, New York

City, was taken possession of by the students and faculty.

Anna C. Maxwell Hall, named for one of the best loved nurses of America, is a fifteen-story building, constructed on a bluff overlooking the



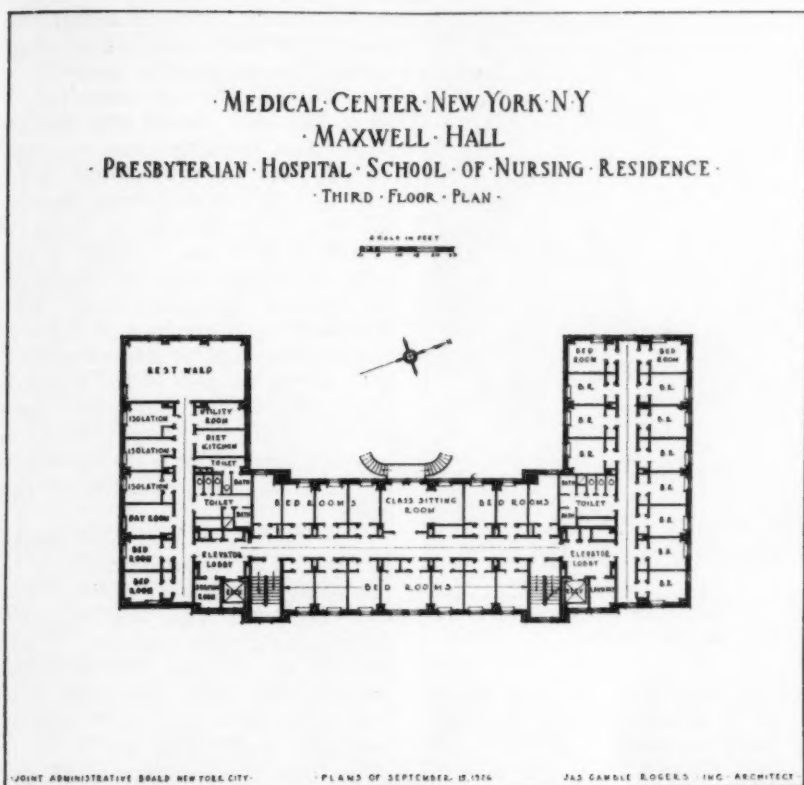
ANNA C. MAXWELL HALL



FIRST FLOOR. The Dining Room and the Swimming Pool are on the two floors below the Auditorium

beautiful Hudson River. It has been built on the H plan so that each room will have sunlight at least part of every day. To make a real home for the students has been the aim and ideal of all those connected with the planning and designing of this structure. Class-rooms, laboratories, demonstration rooms, and diet kitchens have been kept entirely separate from the home quarters. These are all in the hospital, which is connected with the residence by a well-heated and well-lighted tunnel. In each ward unit of the hospital there is also a room set apart for clinical teaching.

Living quarters for 360 students have been provided. Each student will have her own room. Each is equipped with hot and cold running water, placed conveniently in an alcove opposite the clothes closet and thus requiring no screen, an unusual feature in this type of building. The bedrooms have been designed to carry out the idea of "home," having the maximum of space left for occupancy after all the furnishings have been installed. The furniture is all of the Early American type which seems especially well suited to such a building. There is a dainty day-bed



The center and the right wing are typical of all the dormitory floors. The left wing contains the Infirmary

(with uncovered box springs), a comfortable chair, a small bedside table with a reading lamp, a bookcase, and an unusual and very convenient combination chest of drawers and desk, in each room. On each corridor is a class sitting room, serving room and laundry, for the convenience of students.

In the basement is a feature of which everyone, students, instructors and directors alike, is very proud. It is a large day-lighted swimming pool. Three large windows on one side of the pool overlook the river. A spectators' gallery runs the full length of the pool opposite the windows. To the left of

the pool room are locker rooms, shower rooms, and a room for suits and towels. To the right is a large recreation room for dancing and exercise.

The dining quarters of the residence are situated on the floor above the swimming pool. There are two large rooms separated one from the other by attractive blue leather swinging doors. One room is for the staff and the other for the students. Each of these rooms has the always attractive French windows which open out on small balconies overlooking the river. The staff dining room will have waitress service,



A typical room. The detail below shows how the top drawer of the bureau is converted into a writing desk.

and the student dining room will be served by a most modern and well-equipped cafeteria for breakfast, but waitress service will be supplied for the other meals. It is a marvel of quickness and a great labor-saver. The kitchens, vegetable preparation rooms, and dish-washing rooms are situated behind the serving room.

As the Residence is constructed on the crest of a hill, the dining rooms and swimming pool floors are really basement floors, but the declivity of the hill allows for outside lighting on the entire west side. The first floor, that is the floor on the Fort Washington Avenue level, contains the Superin-

tendent's suite, library, assembly hall, lounge, reception room and a lecture room. This is the only classroom in the building. The Assembly Hall, or as it has been named, the Sturges Auditorium, is a large room, equipped with a stage and an excellent dance floor, having a small serving room in the rear. By opening a series of French doors it can be made practically continuous with the handsome oak-beamed reception room. Windows open upon two open-air red tiled loggias which add an attractive bit of color to the exterior of the building. This will be used for student entertainments, lectures and formal dances. A beautiful tapestry gives the keynote to the fascinating color scheme of this room.

The third floor plan is of special interest. The school infirmary is on this floor. This ward, at the end of the wing overlooking the river, will accommodate eight patients. A diet kitchen, utility room and bathroom belong to this unit. An outside stairway leads down to the roof over the Assembly Hall. This has been arranged for the convenience of convalescents.

The roof garden is of red tiles. The center portion has an arched roof. The two wings are uncovered and provide sunning space far above the noise of the busy street.

This building is entirely fireproof, from the roof garden on the top to the swimming pool in the basement. It has been planned with the one hope that it may be a real home for the students of the Presbyterian Hospital Training School for Nurses.

Another University Affiliation

Creighton Memorial St. Joseph's Hospital School of Nursing of the Creighton University

By B. L. SELMEYER

THE Franciscan Sisters who conduct Creighton Memorial St. Joseph's Hospital have affiliated their School of Nursing with the Creighton University of Omaha. This affiliation makes the School of Nursing an integral unit of the educational system of the University and enables it to adopt university requirements in the matter of admission, program and credits for courses toward the degree of Bachelor of Science in Nursing.

Two programs are offered: the three-year and the five-year. A student graduating from an accredited high school may enter the School and receive the diploma of graduate nurse upon completion of the three-year program. The five-year program, leading to the diploma of graduate nurse and the degree of Bachelor of Science in Nursing requires two years of work in a College of Liberal Arts and Science in addition to the program in Nursing.

When alterations and additions are completed, the hospital will have a normal capacity of four hundred and fifty beds. Modern equipment is being installed throughout. The Nurses' Home, completed in 1923, contains classrooms, gymnasium and living quarters for one hundred and fifty nurses.

The Hospital has long been a teaching institution, as students from the School of Medicine of the University receive most of their clinical training there. The staff of the hospital is composed of members of the Medical Faculty.

The educational program of the hospital, embracing the School of

Nursing, and the training of technicians in clinical laboratory and radiology is in the hands of the Administrative Board of the School of Nursing, composed of a Chairman who is also Regent and who represents the University, the Director General of the Schools of Nursing conducted by the Sisters, the Director and Assistant Director of Nurses, the Dean of the School of Medicine, and the Directors of the Medical and Surgical services of the hospital. The Administrative Board has power in the matter of educational and academic activities, other matters are in the hands of the Director of Nurses.

Prospective students apply to the Director of Nurses for admission; applications approved by her are sent to the Registrar of the University who approves them if they meet the entrance requirements of the University. Students are received in September and February. A fee of \$75 is charged for the preliminary term. This fee, payable to the School of Nursing, includes matriculation in the University, and cost of books and uniforms for the preliminary term, during which the student resides at the hospital. No monthly allowance is given. The School does not possess an endowment but salaries for faculty from the University are paid in proportion, according to the number of hours, which reduces this item of expense considerably. A loan fund is provided by the hospital whereby any student needing assistance may secure a loan of \$10 per month after she has satisfactorily completed one year of the course.

The affiliation became effective February first, and while the hospital is prepared to meet the terms of the

The following curriculum is being put into operation with the present entering class:

FIVE-YEAR COURSE IN ARTS, SCIENCE AND NURSING

FRESHMAN			
	<i>Credit</i>		<i>Credit</i>
<i>First Semester</i>	<i>Hours</i>	<i>Second Semester</i>	<i>Hours</i>
Chemistry.....	4	Chemistry.....	4
Biology.....	4	Biology.....	4
English.....	3	English.....	3
Mathematics, Latin, French or German	3 or 4	Mathematics, Latin, French or German	3 or 4
Physical training.....	1	Physical training.....	1
Evidences of religion.....	1	Evidences of religion.....	1
SOPHOMORE			
Sociology.....	3	Sociology.....	3
Psychology.....	3	Ethics.....	3
Speech.....	2	Speech.....	2
Physical training.....	1	Physical training.....	1
Evidences of religion.....	1	Evidences of religion.....	1
Electives.....		Electives.....	

conditions on which the present students were received, nevertheless twenty-three have met the new conditions laid down by the University and are working for college credit. Five students are to receive the degree of Bachelor of Science this year.

The course has been so arranged that it conforms to the semester plan of the University in the matter of the length of periods, number of weeks, etc. The preliminary term is very largely given over to classwork, particularly in the laboratory sciences. The student is also on duty on the floors during this period in order that she may observe the carrying out of procedures and gain the stimulus of contact with patients.

A reading knowledge of a modern foreign language is desirable. In case a reading knowledge of one language is obtained by six semester hours of college work, another six may be well spent in taking the beginner's course in some other language.

Electives suggested for the Sophomore year of the Arts, Science and Nursing Course are: English (additional), mathematics, physics, chemistry, language, economics, history or political science.

PROGRAM IN NURSING

THE program of studies of the School of Nursing is the same for students in both the three-year and five-year courses.

SUMMARY OF PRACTICAL COURSES

	<i>Months</i>	<i>Credit</i> <i>Hours</i>
Introduction to general nursing.....	4½	0
Medical nursing.....	5	3
Mental and nervous nursing.....	1	1
Pediatric nursing.....	1	1
Surgical nursing.....	3	3
Operating room.....	3	3
Orthopedic nursing.....	1	1

SUMMARY OF PRACTICAL COURSES—(Continued)

	Months	Credit Hours
Obstetric nursing.....	3	3
Gynecologic nursing.....	1	1
Nursing in eye, ear, nose, and throat diseases.....	1	1
Pharmacy.....	1	1
Radiology and physiotherapy departments.....	1	1
Clinical laboratory.....	1	1
Diet kitchen.....	1	1
Senior nurse.....	2	2
Electives.....	3	3
Vacations.....	1½	0
Total credit hours.....		26

Theoretical and practical courses are coördinated. One month of nursing service under supervision counts

as one credit hour. Attendance at classes in Religion is not required of non-Catholic students.

A Very Present Help in Time of Trouble

BY THE MOTHER OF AN ONLY CHILD

TROUBLE indeed! All our usual family life was disorganized that June. Trunks were half packed for a summer in the mountains; my husband already in the far west, many miles from a railroad; nine-year-old Mary and myself alone in the city apartment, with a maid coming in by the day. And into the midst of the happy bustle of approaching vacation fell the thunderbolt—a sore throat, a headache, sudden vomiting, scarlet fever! Not too dreadful a case, but even that much illness in a child, with the constant threat of worse to come, strikes terror to the heart of a mother alone. For two days we kept up our courage by hoping it might be a false alarm, but that proved a vain hope. The faithful maid stuck to her post, although necessarily banished to the kitchen end of the house where her mere presence by day was some small comfort, but when the back door closed behind her at night, I felt forlorn indeed. Obviously we needed

help, but what to do? A child who has been unusually dependent on her mother all her short life is not likely to take kindly to the presence of a total stranger when miserably ill and suffering. Still, it must be tried! My constant presence by her side was impossible, with all the household and business affairs on my shoulders and my own need for occasional sleep. A sympathetic doctor made an appeal to the registry for "a nurse who will be a real comfort in such a situation," and in an hour, spent by me in preparing Mary's mind to welcome a new friend, I opened the door to a friend indeed.

It was evening, Mary all prepared for the night, so after a word of greeting to her patient Miss C. yielded to my suggestion that she rest a few hours and relieve me toward morning. At one o'clock I called her, and with many misgivings left her beside the sleeping patient's bed, perfectly sure that I should hear a wail of distress before I was fairly asleep. At seven I

woke with a start to hear voices in conversation and a light step up and down the hall. Behold, a quiet, interested child, accepting the morning ministrations of her new friend with apparent content! She had waked in the night, called "Mother!" and been answered by such a friendly matter-of-fact voice and heard such a reasonable explanation, that Mother was just in her room resting a little, that the night had slipped away without her demanding me. And so the days went. I could hardly believe that this was my shy, clinging little girl who always feared to have anyone but Mother touch her. She was never urged, she was never scolded, she was never lectured about it. She met perfect understanding of her feelings and recognized it at once. If she got too wretched and achey and itchy in the night and thought only Mother could relieve her, she was never told it was not possible, but I was called and so sure was she that I could be reached if really needed, that a few minutes would soon pacify her and she would send me back to bed. After the first night Miss C. slept in the room and I often heard them talking quietly and happily together before they went to sleep.

The days ceased to be long, weary hours with a tired mother trying to cheer a suffering child. I came to my hours with her, rested and with morale strengthened by the knowledge of that efficient, friendly presence in the house. There was nothing to be done which Miss C. did not consider fell within her province. She would not have

me brush up the floor. She was found after the maid went home, washing dishes in the kitchen during my hour in the sickroom. She spoke so quietly but cheerily and reassuringly and with such delicious humor that Mary found her a delightful companion. She never seemed to exercise her authority but somehow treatments always were given and orders carried out. The word "must" (how a child hates it!) was not in her vocabulary, but she always accomplished her object. She yielded so cheerfully in small matters, such as calling Mother to rub the back this time, that she was able to carry out the less pleasant performances without opposition. She found a way of making everything a pleasant game. After reading "Dr. Doolittle" aloud for an hour, she was still ready to impersonate the busy housekeeper "Dab Dab" as she tidied the room. A week went all too soon for Mary. She rejoiced at feeling better but mourned at losing her delightful companion, when I felt I could manage alone. She has never forgotten Miss C. Indeed, she has not been allowed to, for occasional post cards, letters and Christmas greetings have served to recall her ever since, although only once has Miss C. returned in the flesh. Never again shall we, either of us, dread having a nurse for Mary if it is necessary. We shall always assume that there are many others who would show just such a mingling of competence with tact, of firmness with gay good humor, and of professional dignity with unassuming eagerness to serve.

Nursing One Hundred Miles a Day

BY ELISE VAN NESS

For the first time since we graduated we feel that we are doing all day the thing we were taught to do, scientific bedside nursing.

THIS is the reason given by two hourly nurses, Nellie M. Crissy, graduate of Chicago Memorial, formerly Hahnemann Hospital, 1903, and Ruth Blackstone, Presbyterian Hospital, Chicago, 1916, for liking hourly nursing in Chicago. Employed by the First District of the Illinois State Nurses' Association, these nurses give skilled care to patients in all parts of that great city each day, calling on six or seven or eight patients between 8 o'clock and 5, following the schedule mapped out for them at District Headquarters and thinking little of covering one hundred miles in eight hours of work.

Well within the reach of the man of moderate means, the charge made by the District Association for hourly nursing is \$2 for the first hour and \$1 for each succeeding hour; three consecutive hours is the time limit set for nursing service "on the cafeteria plan" as the system is called by the press. The District and the Central Council of Nursing Education are sponsoring the movement.

For adventure and action, the ordinary daily work of one of the hourly nurses in Chicago makes the routine of the average fireman or policeman sound like a bedtime story. Even to follow them on their rounds as a mere spectator is strenuous and breathless. For instance, Miss Crissy on a typical morning this month, started her day by sliding behind the steering wheel of her Buick to head for a home on Paxton Avenue. Arriving at her destination, she found her patient, a middle-aged woman, suffering from diabetes, having left the hospital after an opera-

tion for colostomy. She was expected by the patient who awaited her in a comfortably furnished room. The nurse donned a blue smock, moved swiftly to the kitchen where she boiled a hypodermic needle, then, returning to the room, gave the patient insulin. She was in the house about twenty minutes. Back behind the steering wheel again, she turned on another street and drove until she reached a handsome home several miles away. Here, her patient was a child nine years old suffering from a gonorrheal infection. The grandmother was taking care of the children, for their mother had just died. In this case, also, the treatment was given in twenty minutes.

Next, the nurse entered an upper duplex on Fifty-sixth Street where the patient, an elderly woman with an open carcinoma involving the whole right side, knew her well and welcomed her. Skilled bedside care was given the woman who confided, afterwards,

At first I was afraid to have the nurse come, but now I don't know what I would do without her.

Miss Crissy's next patient was a very pretty woman with beautiful white hair who was badly crippled with arthritis. Immersion in hot water seemed to help her, and she was much more comfortable when the nurse left. In another home of moderate means, the nurse was again a familiar figure to the eyes of her patient, a man of 82 years, suffering from cancer of the bladder and prostate gland. She gave him a colonic flush and general bedside care, and left a slip for the doctor's convenience in leaving further orders. The family received directions on what nursing

care would be necessary before she came again. An old sea captain, 87 years old, home from all his voyages, also a sufferer from cancer, was looking for the nurse as she entered. Here, too, skilled nursing care, including dressings and a refreshing bath, was given. She also fed the patient his lunch. At the end of an hour and one-half she hurried on.

On her list for the afternoon was a man who was 30 years old when the Civil War started and is now past the 101 mark, the weakness of old age making nursing care a necessity. He was made comfortable as only a nurse could make him, and his daughter, now well on in years, was instructed what to do. A shave and haircut for the patient were included in the bedside care. In a house miles from the scene of her former activities, the next patient was found to be a heart case who had just completed a five weeks' stay in the hospital. Scientific bedside nursing came into play here, also, to the great relief of the patient who has to sit up night and day. Just as the day ended, the nurse stopped at a large hotel where a woman of about sixty had suffered a stroke. On one of her earlier visits, the nurse found that Katie, the colored maid, thought her mistress had a fever, so had bathed her wrists and ankles.

On one day, the same week, Miss Blackstone had "hopped a bus" early one morning for the home of a patient far out on the north side. This patient, too, knew the hourly nursing service well, for the nurse had called daily for more than two weeks to give the bedside care needed. At the end of an hour, the patient who suffered from cancer, was comfortable and relaxed, and the nurse left. In the same neighborhood, Miss Blackstone was to call on a young mother, just home from the hospital with her new baby,

to teach her how to take care of the very small boy. With baby clothes streaming over one arm, the young mother met the nurse at the door of the apartment, then ran from one end of the disordered room to the other. "I just don't know how to take care of baby," she said. "He woke up in the night crying and I thought he was thirsty, so we gave him two teaspoonfuls of water. Was that too much?" The nurse laughed. "Not a bit of it," she said. "He should have had two ounces." While the young mother watched, the nurse set up a card table in the bathroom, bathed and fixed the baby, gave him a drink, more than two teaspoonfuls this time, and laid him in his crib where he was fast asleep in a minute.

Now en route to a suburb on the west side, the nurse boarded an elevated train. Her first visit in Oak Park was at the bedside of a woman who had suffered an attack of pneumonia while visiting her niece. Bedside care was the order of the day, and it was skilfully given. Miss Blackstone was well known in the household and knew where everything she needed was kept. While she was busy at the bedside, the niece went out for lunch, and later the nurse prepared some nourishing food for the patient.

Another trip on the elevated carried the nurse to a patient over 70 years of age who had broken her arm and was at home after a stay of four days in the hospital. Miss Blackstone made her comfortable, and the patient remarked with a laugh that the nurse's one arm, alone, more than made up for her disability. While in the neighborhood, the nurse stopped also to see a small boy, ill with pneumonia, who was in the middle of a big bed in the furnished room he shared with his mother. She had been spending two and three hours a day to give nursing care here, but the

boy was better now, and after he was fixed for the day, the nurse and he played games while his mother went out on business. Another small boy, some distance away, required only a hypodermic treatment, and an aged woman with an inoperable carcinoma was called upon who pathetically reported that she did not get any stronger in her legs. Close to the center of town, as she came home at night, Miss Blackstone paid a call on a woman of wealth who had injured her hip in a fall and had to remain flat in bed. All the nurse did, that the many servants could not do, was to give the patient an hour of skilled nursing service.

This may sound strenuous, but how enthusiastic these nurses are about their work! "I just wouldn't know how to sit in one room with one patient all day," Miss Blackstone said: "I used to be busy only about three hours of the day in critical application. The rest of the time was spent trying to be nice, mending socks for the family, or trying to entertain the patient."

Miss Crissy said: "I feel that I am giving more to humanity at large than I could in any other way. Also, with one afternoon off a week, every other Sunday free, one month's vacation a year, we are doing better financially than we could in private duty. Then, too, we have no time to hear about any of the family skeletons in the closet. Our time is too full. And even if the patient does happen to be disagreeable, which isn't very often the case, we are in the home so short a time that it makes no difference."

How these nurses know how to improvise! When a patient needs a back rest, a chair is utilized; if a wash basin is lacking, a mixing bowl is brought into play; citrate of magnesia bottles are seized upon to give a sweat, or hot bricks may be used with alcohol.



THE COMFORT OF SKILLED HANDS

Once a bird was fairly knocked off his perch with surprise when the nurse borrowed his bird cage stand for twenty minutes when she was giving a colonic irrigation to a patient.

Careful investigation of the views of patients and members of their families on hourly nursing reveals that they are just as enthusiastic about it as are the nurses.

"I don't know what we would have done without an hourly nurse," the wife of one patient said. "Our apartment was too small for a full-time nurse, and we did not feel we could afford it, but the part-time nurse comes only when we need her and gives my husband all the care he requires." Another wife, commenting, said: "It is just because she doesn't stay all day that the hourly nurse is able to do so much for him. Early in the morning of the day she is coming, he begins to look forward to the comfort and relief the care he would receive would give him."

Hourly nursing which has been on an experimental basis in Chicago, since July, 1926, now promises to become self-supporting, Minnie Ahrens, Executive Secretary of the First District of the Illinois State Nurses' Association, said.

In the first six months of 1926, 1,122

calls for hourly nursing were received at the Nurses' Headquarters; and in the year 1927, 2,420 calls in twelve months. The feeling is that the service would have grown more rapidly had wider publicity been given the movement, and steps are now being taken to place hourly nursing before every medical man in the city by means of a special publicity campaign. Cards telling briefly what this type of nursing is and what it does are being sent to 5,300 physicians at three-week intervals until May 1, and the first batch sent has already brought results.

Miss Ahrens whose versatile powers have no known limits, is enthusiastic about this experiment. The advice from Chicago is: "Don't start hourly nursing until you have enough money to give it adequate publicity." In speaking of hourly nursing, a prominent medical man says: "You nurses in this hourly service have something as universally available and as widely serviceable as the yellow taxi. You should have 300 hourly nurses in Chicago, now." Hourly nursing in no way interferes with full-time duty, because the people who call for it either do not need or would not have a full-time nurse. One patient said to the hourly nurse recently: "Please give me a pill you will find in a small bottle in the bathroom."

"I'm sorry," said the nurse, "we can't give medicine without the orders of a physician." This rule is strictly adhered to. A good sense of humor, good powers of observation and a genuine sympathy and liking for people are said to be necessary for success in hourly nursing, as indeed in all branches of service in the profession. One who has watched the Chicago hourly nurses at work has little doubt that they have these qualities.

Observation

ONE of the marks of a good nurse is her ability to see things. This power must be cultivated from her first day in the hospital. If she cannot see a dirty spoon or a spread awry, she will hardly be able to recognize the fine points of change which are so often danger signals warning one of a change in the patient's condition.

A good nurse will observe the following points:

1. Before beginning any procedure, have all materials on hand.
2. See that the temperature of the room is sufficiently warm.
3. Do not expose the patient to draughts.
4. Do not lean against the bed, move it suddenly, or touch it unnecessarily. This invariably annoys the patient.
5. Cultivate a dignified and quiet demeanor, and a habit of consideration for the patient.
6. Personal topics should not be discussed while at work.
7. Notice the things that annoy the patient and eliminate them; such as a light shining in his eyes, or any unnecessary noise.
8. Do not beat up pillows on a patient's bed when he is in it.
9. Answer his light promptly and respond to his requests in a gracious manner.
10. When you are on duty, do not slip into a patient's room to rest, gossip and rock.
11. Form an early habit of criticising your own finished work and of correcting the defects before leaving the room.
12. Avoid telling the patient his temperature; what he said while under anesthesia; anything concerning other patients; or arguing with him regarding his own condition.
13. Do not tell him your personal affairs; of a reprimand received; or make disparaging remarks about the hospital, the training school, or your superior officers.
14. Do not permit the patient to criticise the hospital. If he has a legitimate complaint, do your best to help relieve the trouble.
15. It is not permissible for you to receive gifts of money, jewelry, or wearing apparel from your patients for nursing services rendered. He pays for all services rendered at the office when he is discharged, and you contracted to give your services when you entered training, in return for training and experience in the profession.—From the Foreword in the Procedure Book of the Lakewood Hospital School of Nursing, Lakewood, Ohio.

In a Botanical Garden

*He is happiest who has power
To extract wisdom from a flower.*

PROSPECT HEIGHTS HOSPITAL, Brooklyn, is within a few minutes' walk of one of the finest Botanical Gardens in the world. Although Margaret Belyea, the Director of Nurses, and her staff frequently urged students and graduates to take advantage of its recreational opportunities in "hours off," few did so. They had not the knowledge necessary for real appreciation; and as a hygienic measure, the lackadaisical visits were a flat failure.

A visit to the Director of the Garden, and all was changed! A series of weekly visits for Preliminary students was planned. Dr. Arthur H. Graves, Curator of Public Instruction, took personal charge of the highly informal class and if the members ever went with dragging feet, it was for the first time only. If the weather were fine, most of the time was spent outdoors; if rainy, it was spent most interestingly in one of the laboratories.

Astonishing how blind most folk are to the fascinatingly interesting life of the plants! Form, perfume, color, make their appeal to the senses, for who is so blind as to miss all the glory of a bed of blooming iris, a bank of glowing rhododendrons, a hedge of exquisite roses, the floating purity of pond lilies, or the piquant charm of a bed of pansy faces? These are the challenging beauties of the garden. They refuse to be ignored, nor would one pass them by unseeing.

But the Garden is full of interest even when there are no blossomy vistas to attract attention. It is some of the less showy aspects of the garden that Dr. Graves interprets for the classes who eagerly traverse the winding paths with him. It is to be remembered that his is an educational



The large leaves of the Castor Oil plant are conspicuous wherever found

service that may be had for the asking. Probably this is true of similar gardens throughout the country.

An extraordinary number of drug-producing plants were "discovered." Castor oil will henceforth be something more than a vegetable purgative. Ephedra proved to be a rather unobtrusive plant to produce so important a drug as the new specific for some forms of hay fever. Rhubarb, dandelion, belladonna, opium-producing poppies, aconite, mandrake, mustard, flax, aloes and eucalyptus, were only a few of those observed. The plant producers of tea, coffee and cocoa were studied at first hand. Fruits alone might have absorbed the entire time available. Dates and figs were there, and it was almost a shock to be informed that a banana is really a berry in the strict botanical sense of the term.

In the laboratories many matters not previously well understood were made clear. A rose leaf, from a section of which light had been excluded, was studied microscopically and the vital importance of light to life firmly fixed in memory. Photosynthesis and

likewise osmosis were learned as matters of interest and not as mere parts of a course. The work of Mendel and his discovery of the law of inheritance formed a logical topic one morning. Sexual and asexual reproduction were demonstrated with the plants at hand.

One of the pieces of scientific research of which they learned was that of producing a corn which will be resistant to smut, a pest to the farmer; work requiring such painstaking care that the lesson was brought home of the importance of precision in all scientific work, including nursing.

Other classes which have had the privilege of these guided walks through the Garden all have evinced a livelier interest in their scientific classes and a keener appreciation of their opportunities. Microscopes are no longer mere class equipment; each is an Open Sesame to new and fascinating knowledge. Physiology, dietetics, chemistry, materia medica, bacteriology, each one has been enriched and enlivened. The preservation of lovely blossoms brought into the sick room is no longer merely a chore. Students have learned that their beauty may be prolonged by clipping off the bacteria-laden ends of the stems, by putting the cut stems of some varieties, as the Oriental poppy, in boiling water, to seal in the juices; and that, like "folks," droopy flowers will react to aspirin and strychnine taken with water. Indeed they have walked through an open door into a world filled with new interests and beauty. As for the Garden, it has become a favorite rendezvous.

The Curator feels that his time has been well spent and he plans to reveal some of the secrets of the Garden to successive groups of "Preliminaries."

How To Disinfect a Small Water Supply

THERE are several methods for the disinfection of small water supplies, all of which are reasonably effective, easy to apply and harmless. It should be understood that the thorough boiling of water is the easiest and cheapest method of disinfection. Nevertheless, it has certain drawbacks. Several common and well known chemicals, procurable at any grocery or drug store, may also be used for the same purpose. The amounts necessary are infinitesimal, and are harmless if used as directed.

The disinfection of small supplies is not more arduous than the preparation of foods for the table. It does not require laboratory equipment nor is much time involved. If the instructions are observed, the following method will prove quite effective in making the water safe.

A slight after-taste has no significance. A distinct unpalatability means that too much chemical has been used.

Boiling, a very good means of destroying disease germs in water. Actually boil for at least five minutes. Aeration by splashing, pouring, or otherwise, will cool the water and will improve the flat taste.

Disinfection with iodine.—This is a handy chemical in every first-aid kit and is also adapted to this purpose of disinfecting water.

For clear water, add 3 drops, such as is obtained with the ordinary eye dropper, of tincture of iodine, per quart. Add 6 drops per quart if the water is colored, cloudy, or contains sediment. Enough iodine should be added to give a slight but distinct brown color to the water. Allow the treated water to stand at least fifteen minutes. If it is desirable to destroy the brown color due to the iodine and restore its original appearance, add a pinch of sodium thiosulphate or "hypo"—the chemical used for "fixing" in photographic work.

Example.—To treat a 3 gallon (12 quart) bucket half full of clear water, about 6 quarts to be treated, add 18 drops (3 drops to each quart) of tincture of iodine. Mix and allow to stand at least 15 minutes. Then add a pinch of sodium thiosulphate. If a brown color still persists, add another pinch. The water is ready for use.—*Weekly Bulletin*, California Department of Public Health, August 20, 1927.

The Allergic Diseases

Facts of Interest to the Nurse with Special Reference to Asthma and Hay Fever

By H. B. WILMER, M.D.

THERE has arisen in the last few years a great deal of interest in the so-called allergic diseases and the purpose of this article is an attempt to clarify this interesting phenomena for the readers of this *Journal*.

It may be well at this point to first define the word allergic, allergy (pronounced al'er-je) a condition of acquired immunity associated with anaphylaxis, and anaphylaxis is the state of excessive susceptibility to the action of a toxin, or a drug which sometimes follows infection or continued administration of certain drugs.

With this definition well fixed in the mind let us now consider the subject as a whole.

There are few illnesses more mysterious and elusive than those of allergic origin, both as to cause and cure. There are few conditions met with in the practice of medicine more varied as to cause, symptomatology or cure, and few which require more painstaking study if a partial or complete relief is hoped for. The diseases which are now considered of allergic origin are hay fever, asthma, vasomotor rhinitis, urticaria, eczema and serum sickness. The symptomatology complex in these diseases is extremely varied, and only after several years of observation have I been able to correlate in my own mind symptoms which may be of definite allergic origin.

SYMPTOMS

1. The orbital symptoms. These include puffiness and itching of the

lids, redness and edema of the conjunctiva and increased activity of the lacrimal ducts.

2. The nasal symptoms. Sneezing, associated with excessive watery or clear mucous secretions. This reaction may vary from slight annoyance to complete stoppage of the nose, associated with an outpouring of secretion which may drench a towel. It is often associated with frontal headache, caused by pressure in the nasal sinuses, or by pain in the top of the head, occurring as a direct result of general reaction.

3. Pharyngeal and oral symptoms. Itching of the soft palate and pharynx. Commonly there is edema of the uvula and soft palate and swelling of the tongue.

4. Laryngeal symptoms. These include cough, hoarseness, edema of the larynx and epiglottis. This may vary in severity from simple hoarseness and cough to edema which may embarrass respiration and require immediate relief.

5. Bronchial symptoms. These include cough, bronchial obstruction with inspiratory and expiratory wheezing, due apparently both to edema of the membrane and spasm of the bronchial muscles, and expectoration of clear, watery or mucoid sputum rich in eosinophils and often containing Charcot-Leyden crystals.

6. Gastrointestinal symptoms. The most interesting of the abdominal symptoms is abdominal pain which may be either mild or severe. It is often related to the eating of food and quite frequently a few moments after

the ingestion of some particular food. The symptoms may be so severe as to cause collapse and chronic nausea, vomiting and diarrhea, which can cause emaciation in the highest degree.

7. Cutaneous symptoms. There is intense itching of the skin, which may be mild and consist of simple, slight pruritis and erythema, or may be most severe, and when the skin of the face is involved, may almost obliterate the features and transform it into a swollen, red, weeping, unsightly surface. I have in my experience seen two cases, one sensitive to timothy pollen and one to ragweed pollen, both of which causes developed a definite pustular eruption which was indeed most unsightly.

8. Convulsion and paralysis are rare, but definite, complications of allergy, mostly seen in children.

9. Urologic manifestations or irritable bladder. I have most frequently seen this condition existing in sensitive pollen cases, but not infrequently cases have been shown to react to certain foods. In patients having chronic bladder allergy, frequently no pathology can be found by the urologist except a hypersensitiveness to food. Not infrequently the case is misdiagnosed as cystitis or pelvic inflammatory disease.

10. Disturbance in menstruation. Disturbances in menstruation are rather frequently observed in patients having symptoms as a result of general reaction. I have not infrequently seen cases who have hitherto been irregular in their menstrual history become definitely regular after receiving a series of injections for pollen sensitivity, and vice versa.

11. Hypotension. In all of these allergic diseases it is a striking fact that the blood pressure findings are extremely low, the average blood pressure findings in most allergic

cases being from 85 to 110 systolic pressure.

12. Eosinophilia is a fairly common condition found in the blood, although it is not as prevalent as has heretofore been taught.

Now that we have considered the symptomatology of the allergic diseases let us proceed to consider that dread disease—asthma.

The diagnosis of the cause of bronchial asthma is not an easy task in the majority of cases, and not infrequently all the resources of the diagnostician are taxed to the limit, but if the following rules are adhered to religiously, a diagnosis can be made in from 70 to 80 per cent of all cases.

THE MEDICAL DIAGNOSIS

1. A thorough and exhaustive history. Much can be learned from the history as to the patient's habits, his environment, his occupation, his food, and whether his attacks are seasonal or perennial in type. A thorough questioning as to the previous medical history, as so many cases of asthma have been preceded by acute attacks of bronchitis, influenza, pregnancy, chronic thyroidism, and two cases have been seen following oophorectomy.

2. A complete physical examination should be made in order that cardiac dyspnea or nephritic dyspnea may be excluded. A thorough examination of the thorax should be made in order that mediastinal neoplasm or aneurysm may be excluded.

3. A complete X-ray picture of the sinuses should be made, especially if the headache is the predominating symptom.

4. A thorough nasal and pharyngeal examination should be made if there are symptoms of nasal obstruction, or if there is constant sneezing accompanying the attack.

5. If the case is an extremely

obscure one, a complete blood analysis should be done, and in several instances a high blood sugar and high blood urea have been found, denoting the beginning of organic disease, and on instituting proper treatment a complete alleviation of asthmatic symptoms is experienced. Blood calcium estimation should be made in all cases, as a low calcium is extremely significant.

6. Last but not least, the cutaneous test. A thorough cutaneous test, with all proteins and all pollens should be performed. The bacterial proteins I have practically discontinued using, due to the fact that I have found them in many cases unreliable and misleading. However, occasionally I have made cultures of the separate organisms found and recovered from the sputum and tested with these organisms, with the result that positive reactions have been seen. If a case does not react to any protein or pollen after repeated tests, it has been my practice to classify that patient as a bacterial case until proven otherwise. I feel sure that many cases operated upon for deflected septum, polyps, enlarged ethmoids, submucous resections, etc., could have been spared these operations and better results obtained had a thorough cutaneous test been performed. It would be presumptuous of me to suggest on what types of cases operation is indicated, but I do feel that no one who is suffering from bronchial asthma should be operated upon until an exhaustive examination has been done and a thorough history has been taken. In order to support the above statement, let me cite the following statistics:

In 150 cases studied by Walker of the Peter Bent Brigham Hospital, 55 per cent were found sensitive to some protein. Of this group, horse dander was the cause in about 20 per

cent; wheat protein 15 per cent; pollens and autumnal flowers 10 per cent; and cat hair 10 per cent. In my own experience, after reviewing 100 cases, I have found that 70 per cent were found sensitive to some protein. Of this group, chicken feathers and goose feathers were the cause in about 20 per cent; egg and milk 15 per cent; wheat 10 per cent; spring pollens 5 per cent; fall pollens 10 per cent; horse dander 2 per cent; house dust 3 per cent; tomatoes 2 per cent; dog hair 1 per cent; cat hair 1 per cent; rabbit hair 1 per cent. I have on several occasions had patients tell me that they have been tested before coming to me, and on questioning these patients I have found that they have had several proteins applied and had been told that there was no evidence of protein sensitivity. In other words, these patients have not been thoroughly tested, due to the fact that the person doing it was not equipped with sufficient material to carry on the test thoroughly. No patient should be considered non-sensitive until every available protein or pollen has been tried. At present we are carrying about 215 different proteins. The cutaneous test is just as important in helping to diagnose the cause of bronchial asthma as any other method of precision in diagnosing any other form of disease, and when half-way done is more dangerous to the patient than if it had never been done at all. I do not wish to give the impression, however, that all cases of asthma can be diagnosed alone on the cutaneous test, because there seems to exist in the minds of physicians generally a gross error concerning the value of the skin test in the specific diagnosis and conclusions which may be drawn from them. The profession at large seems to have the idea that all cases of bronchial asthma can be diagnosed

alone through the cutaneous test. No idea could be more false, as only about 40 per cent of all cases of bronchial asthma can be diagnosed with this method.

METHOD OF TESTING

A SCARIFICATION an eighth of an inch long is made upon the forearm or arm, not sufficiently deep to draw blood. The powdered proteins or pollen extracts are placed upon this scarification, and in the case of the powdered protein, a decinormal sodium hydroxide solution is used to dissolve the protein. The appearance of a hive with pseudopods, surrounded by an irregular area of erythema, indicates a positive reaction. The reaction takes place in about thirty minutes; sometimes a delay may be experienced, and delayed reactions are just as important as the ones occurring in the allotted thirty minutes. For the sake of convenience in diagnosing, let me divide the causes of bronchial asthma into the following groups:

1. Thermal type. In this case the patient complains of the asthmatic attacks coming on immediately upon leaving a warm room and going into the cold and vice versa; and again, it may be only a warm or cold draught which will precipitate an attack; or he may be walking in a cold wind and thus bring on an attack.

2. The chemical type. This is the type of patient who develops an asthmatic attack on inhaling any pungent odor, such as certain vapors, formalin, turpentine, ammonia, sulphur dioxide, irritating coal or wood smoke, the smoke from a gasoline motor, and even highly scented flowers and perfume.

3. The neurotic and atmospheric type. In this type the patient is highly neurotic, and asthmatic attacks are precipitated by fright, sorrow,

hysteria, or sudden emotional outbursts; in the atmospheric type is seen the patient who develops an attack of asthma just before a thunder storm or any change in atmospheric pressure.

4. The pollen type. There is little to say concerning this type as the cause is easily found by the cutaneous test. This type may be perennial as well as seasonal. Do not overlook the fact that there is in almost all of these cases a secondary bacterial infection of the mucous membrane and I believe that in almost every case the cause of the asthmatic attack in the pollen type is due to bacterial invasion, plus the presence of the pollen itself. I feel that the constant bombardment of the mucous membrane is made a fair field on which the bacteria may grow in profusion, with a consequent bacterial protein sensitivity produced. In order to carry out my theory, I should add that asthmatic attacks are rarely seen occurring until at least three or four weeks have elapsed after the hay fever begins.

5. The animal, epidermal and food protein type. In this type are classified the patients sensitive to the foods and animal proteins. If the asthmatic attack is caused by the animal proteins it will be readily shown by the cutaneous test. On the other hand, if it be food protein, sensitivity to the offending protein is not always easy to locate, and as I have said before, an exhaustive study should be made before the patient is considered non-sensitive. It must be borne in mind that the absolute withdrawal of food from the diet may give a negative test. This should be remembered, as the evidence that a particular food is causing the trouble may be so great that the food will be withdrawn and a later test may give a negative reaction to that food.

6. The bacterial type. In this

type of patient the cutaneous test is negative throughout, although there may be a history of hay fever or asthmatic attacks being caused by contact with animals. Almost always there is a history of asthma. The method of diagnosing these cases is one of elimination alone, and no case should be diagnosed a bacterial case until all methods of diagnosis have been exhausted. There is no doubt in my mind, however, that a bacterial sensitivity may be engrafted upon, or may be the direct cause of, asthma in many of the foregoing types classified above.

The treatment of all these types of asthma depends upon the ingenuity of the physician to find the cause and to make a specific diagnosis, as is the case in all other diseases.

If the cutaneous tests show a positive reaction to any of the pollens or proteins, a thorough course of desensitization, or injections of varying strength of those pollens causing reaction is given; if animal protein, such as chicken feathers, duck feathers, goose feathers, horse dander, dog hair, etc., a full course of injections should be given; if a food protein, the food causing reaction should be eliminated from the diet.

If the case be a purely medical one, with asthma as a symptom, the cure of the medical condition will, in most cases, cure the asthma. If the case is undiagnosed with all the tests at our disposal, then treat with the bacterines derived from that patient's sputum as an autogenous vaccine. Occasionally recourse is necessary to the stock vaccine.

The Quartz lamp, or ultra-violet rays and the infra-red rays are an important adjunct to treatment in this disease.

The drugs most commonly in use in the treatment of the attacks, in order

of their usefulness are: adrenalin chloride 1:1000, 5 to 10 m.; morph. sulph. and atropine in dosage of $\frac{1}{4}$ and $\frac{1}{150}$, but this should never be used except in dire necessity; potassium iodide gr. X three times a day; and ephedrine sulph. and hydrochloride, a drug derived from the Chinese plant mahaung. Ephedrine should be used with care as toward symptoms have been noted.

Many quack medicines are on the market, but recourse to these should only be considered if treatment proves a complete failure.

HAY FEVER

SINCE 1565 the condition known as rose cold has been recognized by the profession practicing the healing art, but the medical world is indebted to Dunbar for the exhaustive scientific proof, in 1903, of the specific action of pollen as a cause of hay fever. Dunbar's work opened the way to a new method of treatment founded on immunology. John Bostock in 1819, described the symptom complex of hay fever, but it was not until 1873 that Blackley determined the real cause of the symptoms; namely, the pollen plants. Curtis, in 1900, was the first to attempt to produce active immunity or to treat the condition; he used extracts of the whole plant.

It would be impossible to mention the names of all those who have been writing and reporting on the condition in the past ten years, but the mention of the names of I. Chandler Walker, Freeman, Koessler, Cooke, Goodale, and Selfridge is justified, since it is these men who have done most toward establishing the treatment of seasonal hay fever.

Dunbar isolated from the pollen what he thought was a true toxin, but later investigation established the fact that the active substances of the

pollens are proteins with active antigenic properties. It is now possible to determine the specific pollen causing the hay-fever symptoms in each case and the condition can be alleviated and in many cases prevented by treatment with an active antigenic extract prepared from the causative pollen.

It has been shown by the American Hay-Fever Prevention Association that about 1 per cent of the population of the United States is susceptible to hay fever (about 1,100,000). The disease is common in the United States and in England, but is comparatively rare on the continent of Europe. It occurs only in regions in which flourish plants rich in pollens, and only when these plants have reached the flowering stage.

Hay fever is a condition of hypersensitiveness to pollen proteins, and is produced primarily by the inhalation of the wind-borne pollens. Only those wind-borne pollens that are inhaled during normal respirations cause hay fever.

Scheppegrell says:

While there are many plants whose pollens may cause hay fever reaction when applied to the nostrils, only pollens which float in the air and can reach the nostrils in the course of normal respirations are responsible for true hay fever.

This fact was definitely established by means of atmospheric pollen plates, which were exposed daily during the hay-fever season, at various stations. The plates were coated with glycerin and exposed for periods of 24 hours and then taken to the laboratory, stained, examined microscopically and the pollens identified.

Although wind-borne pollen is so widely distributed that the mucous membrane of every person comes in contact with it, yet only those sensitized develop hay fever. Just what causes this sensitiveness is not known,

but I believe it is largely due to a definite hypoadrenia, as all hay-fever subjects show a definite symptomatology of lowered suprarenal function. However, this sensitiveness to pollen protein is greatly increased by the amount of the pollen inhaled, by nasopharyngeal disease or obstruction, by the lowering of a person's resistance, and also there seems to exist a definite hereditary sensitiveness to hay fever in certain families.

Ulrich has pointed out that the sensitive membrane may have lost the faculty of rapidly converting the proteins into aminoacids. It can be proven positively by the cutaneous test with pollen extracts that each hypersensitive patient is definitely sensitive to a particular pollen.

Pollens are carried from one plant to another through the agency of the wind or by insects. The principal and most important factor in connection with hay fever is that only those pollens which are carried by the wind and which are therefore in the air can cause true hay fever. Wind pollinated plants are distinguished by their inconspicuous flowers, which are devoid of scent or odor; their pollen is shed in large amounts and is light and buoyant.

On the other hand, insect pollinated plants are characterized by their bright colored, conspicuous flowers, which have a sweet scent or odor; their pollen is heavy and viscid, and is shed very sparingly.

Hay fever in the late spring and early summer is often erroneously designated as rose cold or rose fever. Such a name is a misnomer, for hay fever at this time of the year is not caused by rose pollen, but by pollen of the grasses. In like manner, fall hay fever is popularly attributed to the pollen of the goldenrod, while in reality it is caused, in the majority of

cases, by the ragweed, dwarf and giant, and *Eupatorium perfoliatum*.

The pollen of corn, in spite of its toxicity, is rarely responsible for hay fever, because its size is so great that it cannot travel far; so only by close proximity to a corn field can hay fever be induced. The above holds true for rye, oats and wheat.

CAUSES AND SEASONS FOR HAY FEVER

THE hay fever seasons vary in different sections of the country, depending upon the flowering periods of the various hay fever plants which are governed by climatic conditions.

Diagnosis. The diagnosis of hay fever is not a difficult problem, as the symptoms are rather classical: conjunctivitis, coryza, itching throat, mouth and nasal mucosa, and not infrequently asthmatic attacks, cough, some fever in the more severe cases, general malaise. In a small percentage of cases the only symptom may be a persistent cough, or a definite asthmatic seizure, coming on at a certain period of the year. I have not infrequently seen cases of pollen sensitivity overlooked because the classical symptoms were not present.

Cases of spring hay fever have been observed as early as April 15, and are usually due to the pollen of the maple, willow, walnut, ash and of fruit trees; but May 15 is the usual date when spring hay fever begins and is the date when June grass pollinates. The next in order of pollination is the dandelion, orchard grass, red top, timothy, daisy, rye and oats which carries the trouble into July. Corn and other cereals must be considered.

The fall hay fever begins on or about August 15 and is usually caused by the pollen of the dwarf ragweed and giant ragweed in the majority of cases; goldenrod in about 5 per cent of cases; sunflower in about 2 per cent; golden-

glow, cocklebur, and last but not least, a pollen which I isolated which causes marked reaction in about 10 per cent of cases, the *Eupatorium perfoliatum*. This plant or weed is of the ragweed family, pollinates about September 12, and is, I believe, greatly responsible for the aggravated symptoms and asthma coming on in the late weeks of hay fever season. This was proven in about 20 cases who were sensitive to eupatorium and had definite seizures in the season previous. They were treated with eupatorium extract, with the result that none had asthma and four cases only slight hay fever symptoms through the season.

After the history has been obtained and a conclusion reached as to the possible offending pollen, the cutaneous test is then resorted to. The test which is most extensively used, and which I feel is most reliable, is the cutaneous test, and is performed in the following manner: the flexor surface of the forearm is cleansed with ether and a number of small cuts are made upon its surface. These cuts should not be deep enough to draw blood, or the pollen diagnostic material will be washed away from the scarified tissue. A small amount of pollen protein is then placed upon these scarifications. After the lapse of twenty to thirty minutes the material is washed off and if there is a positive reaction a raised white elevation or urticarial wheal surrounding the cut will appear.

A positive reaction indicates that the person is sensitive to the protein of the pollen causing reaction, and is, therefore, susceptible to hay fever if he comes in contact with that species of pollen. Several skin tests may be made with the principal pollen extract corresponding to that pollen which gives a positive reaction to the test.

TREATMENT

THE treatment of hay fever or rose cold is the same in both instances. It must be remembered, however, that the spring pollen injections will not cure or relieve the fall group and vice versa. Therefore if a patient be sensitive to both fall and spring, it will be necessary for that patient to receive both sets of injections. After the tests have been done and the pollens causing reaction noted, the pollens causing reaction are then used in the material for that patient's treatment.

It has been noted after careful observation that only a small percentage of cases react to rose and goldenrod but do react to the ragweeds and timothy and the spring grasses; timothy and the ragweeds being the most resistant to treatment. In carrying out the course of treatment from 12 to 15 injections, one every five days is necessary.

There are two methods of giving these injections—the slow method and the rapid. The slow method extends over a period of about two to two and one-half months before the season begins. In the rapid method, the injections are given over a period of about two weeks and are given once or twice a day. I have found the slower method more reliable.

No case should be treated except with the greatest care through the season, as the patient is already absorbing the pollen through the respiratory tract and the injection besides is only adding fuel to the fire and reactions are most likely to occur and may be severe. No case should at any time receive an injection without waiting in the doctor's office for at least fifteen minutes to thirty minutes after the injection has been given. If

a reaction does occur, which is simply an exaggerated attack of hay fever, an injection of adrenalin chloride solution 1:1000 may be given with usually a complete relief of symptoms. Through this method of treatment the majority of the individuals suffering with this most embarrassing disease need not suffer any longer.

In conclusion it may be interesting to mention these facts:

1. That the American Hay Fever Prevention Association has shown that about 1 per cent of the population of the United States is susceptible to hay fever (1,100,000).
2. Pollen has been recovered 125 miles out in the desert.
3. Pollen has been recovered 5,000 feet in the air by airplane.
4. Spring pollens will not desensitize against fall sensitivity and vice versa.
5. In many cases reaction will remain after the patient is entirely relieved of symptoms.

It is the sincere hope of the author of this paper that he has made this subject clear enough to interest you and that you will in turn direct those unfortunate individuals along the road to proper treatment as no set of patients is more under the influence of quack remedies and advice.



A Word About Hobbies

RESOURCEFULNESS in making their own good times is one of the best gifts a good fairy can give children. Adults who find themselves at a loss for entertainment if the radio, or a "show" is not available, did not develop in childhood resources for entertaining themselves.

The old adage, "Satan finds some mischief still for idle hands to do," has modern confirmation in statistics which show that the large proportion of crimes are committed when persons are not employed. The solution is not to give people more work to do and so cut down their spare time, but to help them to "discover" for themselves constructive ways of spending their leisure hours.—Mary S. Labaree, Director, Bureau of Children.

American Public Health Methods in the Near East

BY MABELL S. C. SMITH

AMERICA has sent out many a capable nurse to make the world healthier and happier but none who have done it more effectively than Alice Carr. Born in Ohio, resident in Georgia, educated at Antioch College and trained at Johns Hopkins, Miss Carr served for two years with the Red Cross in France with our army. Like so many Red Cross women and men, she stayed on in Europe after the Armistice, going to that part of the continent where there was most need for relief. Many starving children in Vienna, many sufferers in Poland and Czecho-Slovakia remember the tenderness with which the slight, fair-haired young American nurse with her twinkling blue eyes used her skill.

Her aptitude with children led to her joining the personnel of Near East Relief and in 1923 she was in Greece, enjoying the exquisite blue of the sky reflected in the Aegean Sea as she took care of dark-eyed little refugees from Anatolia living in the American orphanage on the island of Syra.

The youngsters in this orphanage and others in Near East Relief care, to the number of 17,000, had been taken to Greece after the Smyrna disaster and added to the difficulties of the kindly Greek government by requiring shelter which it was hard to find when more than a million refugees were creating housing, feeding and unemployment problems that were almost impossible of solution. The orphans were placed in all sorts of buildings—summer hotels, a museum, almost anywhere that space could be given. One group of 3,000 was established in disused army barracks at



ALICE CARR

Corinth and the personnel thought themselves fortunate.

But not for long. It was not many weeks before the children began to be ill from malaria in alarming numbers. The personnel fell ill. Inquiry disclosed that malaria was rife in the city. The situation was serious for there was no place to which these 3,000 could be transferred. Yet they could not be allowed to sicken here. Alice Carr was called in as adviser, and at once became the Chief Executive as far as the malaria situation was concerned. It was dazzlingly evident that while this was a case for quinine, it was also a case for drastic methods against the *anopheles*. Miss Carr undertook a survey. This soon disclosed that the principal breeding place of the mosquitoes was a swamp among the vineyards on the edge of the town,

the delight of the malarial mosquito that has a flying radius of two and one-half miles and more if there is a strong breeze.

Investigation also showed hundreds of uncovered wells and cisterns in the town and a serene ignorance about the results of leaving open tins and jars in yards, and pools of water on wash days.

The interest of the city officials was not hard to enlist. The Mayor, Bishop, Chief of Police, Superintendent of Schools, several refugee physicians, officers of the garrison and the ladies of the Women's Philanthropic Society were soon hard at work on a city-wide educational scheme. The women did a splendid job in house-to-house visits to housewives; the school children were instructed and eagerly passed on their information; soap-box talks enlivened the streets at all hours and places; 783 cisterns were covered; platoons of soldiers sprang to their shovels at once when a summer shower left pools in the dry river bed; nineteen squads of the bigger boys from the orphanage made it their pride to keep open fifty miles of irrigation ditches in the vineyards.

Improvement of the children in the orphanage was, of course, easily effected. That was not surprising, though it was that the percentage fell from 60 per cent to 3 per cent in a year. What was amazing was that the 54 per cent incidence in the city was reduced by 90 per cent in the same time. The Greek government studied the American nurse's system and introduced it elsewhere in the country. The Turks at Angora sent through the Turkish Red Crescent to secure a résumé of the methods and put it to use.

Needless to say, Alice Carr is a well-known figure in that part of the world, so when the Welfare Council of Smyrna in Asia Minor, wanted to

try out a Baby Clinic as a demonstration they begged the loan of Miss Carr from the Near East Relief. In three months she had the clinic working authoritatively, although she had had to contend with the difficulties of spreading the news by word of mouth because the class of mothers she wanted to reach is illiterate. Talks to the women in the fig packing and tobacco factories, house to house visits, made awkward because the houses are not numbered and the women do not know the names of the streets they live on, establishment of a day nursery—all these efforts made an immediate impression on the general city infant mortality rate of 80 per cent, caused chiefly by the feeding of roasted chestnuts, tea and sour bread to babies under a year old!

Released from Smyrna Miss Carr was anxious to take a needed rest but accepted an assignment to Mosul in Iraq when she learned the fearful state of the refugees around that city. They are Assyrians, mountain-bred, driven to the lowlands during the war, and so unable to bear the heat of the plains that the mortality among children under two was 722 in the thousand last summer. It was while she was on her way to Mosul from Bagdad that Miss Carr's automobile broke down in the desert and she was obliged to spend a terrifying night in the open, as has been told in the newspapers. A cable received by Near East Relief since her arrival tells of the shocking camp conditions due to the ignorance of the mothers. It is to clean up such conditions in similar camps in Syria and Greece that a part of the \$6,000,000 asked for in the Near East Relief's new and final campaign is to be devoted.

A later cable from Miss Carr asks for demonstration and teaching equipment including a doll, baby clothes,

nursery furniture, baby-feeding apparatus, literature and posters—everything necessary to make an impression on these unfortunates. This equipment is being furnished by the Maternity Center Association of New York City, and the New York Diet

Kitchen Association. Other kind friends are coöperating with the literature and posters.

Americans may well be proud of the courage and skill of Alice Carr. Here is one of the names to write in capitals on the lists of great nurses of all time.

Miss Harmer Goes to McGill

MCGILL University, Montreal, is very happy to announce its good fortune in the appointment of Bertha Harmer, R.N., B.S., A.M., as the Director of the McGill University School for Graduate Nurses. It is expected that in the near future the School will offer a professional curriculum for undergraduate students. Miss Harmer is well known as the author of the textbook, "The Principles and Practice of Nursing," which is not only widely known in Canada and the United States but, we hear, is much appreciated by nurses in the far lands of China, Persia, France and other European countries. She is also the author of "The Principles and Methods of Teaching the Principles and Practice of Nursing," the first book on teaching in nursing, which is also widely used in both graduate and undergraduate schools of nursing. Miss Harmer graduated from the Toronto General Hospital School of Nursing, where she also served in both administrative and teaching positions as head nurse, supervisor, and instructor. She completed the studies in Teachers College, Columbia University, both in Administration and Teaching in Schools of Nursing, graduating in 1918 with the B.S. degree. During the summer of 1918 she was instructor at the Vassar

Training Camp for Nurses. Later she studied Administration and Teaching in the field of general education at Teachers College, graduating with the A.M. degree.

Miss Harmer served as instructor in St. Luke's Hospital, New York, for a number of years. Following this valuable experience she was called to the newly established Yale University School of Nursing to serve as Assistant Professor in the University, charged with the curriculum, and as First Assistant in Administration in the New Haven Hospital. While there she had a rich and unique experience in helping to develop and put into practice some of the newer policies and methods of progressive nursing education. During the past year Miss Harmer, owing to ill health, has been obliged to take an extended rest, spending part of the time, however, at Teachers College, in continuing the study of Administration and Teaching in general education, in colleges, professional schools and teachers' colleges.

Miss Harmer succeeds to the position left vacant by the death of Flora M. Shaw last autumn. Canadian nurses feel that they are most fortunate in having such a person as Miss Harmer to continue the work in Nursing Education so ably begun at McGill University.

Does It Pay?

BY GRACE HALLWORTH KASHEIMER, R.N.

[Every young graduate is faced with the necessity for making a choice. Shall it be private duty with its freedom and relatively high initial returns, or shall it be institutional or public health work with smaller immediate financial returns but the probability of greater opportunities for growth as well as for stable income. Shall it be "free lancing" or shall the opportunity for further knowledge and guidance be sought? The following account, unsolicited by the editor, bears the stamp of truth and is published exactly as it was received.—EDITOR.]

WHAT shall I do directly after I finish my course in training? This was the big question in my mind as it is in that of every nurse completing her course. Private duty with \$6.00 per day loomed up before me, while at the same time a position with \$75 per month was offered by the St. Louis Children's Hospital. This I accepted and entered January 1, 1926. A new graduate, proud of having finished my course, I went on duty January 2, 1926, just three years from the day I entered training.

I was in a new world—the Infant Department. With utmost interest I watched the head nurse. How very busy she seemed to be! For one week I wandered around occasionally bathing a baby and helping at feeding time, but feeling of no use whatever to the department, but my! what a store of experience I was getting in infant care.

The second week found me on duty in the milk room. Here, alongside of a student nurse, I took my place, learning things I shall never forget.

The following week I was in the treatment room. This is one of the busiest places in the Children's Hospital. Nose and throat treatments, babies to be examined, saline and glucose given, blood cultures taken and an endless stream of things to do.

By this time I was promoted to assistant head nurse. Now I attended ward rounds (which is one of the most interesting features of Children's Hospital). I helped the head nurse ar-

range time slips, took charge when she was off duty. Every day seemed to bring a new problem to solve or a new experience to grasp. During this time I attended lectures in Pediatrics twice a week. On Tuesday, the particular disease for study was lectured upon by Dr. Parke White, and the following Thursday the nursing care of that disease was taken up by Miss M. Moore, R.N. I listened with all the interest possible and what I gained in those lectures was more than worth my time and energy. Twice a week babies must be taken to a noon clinic and attending these clinics gives the nurse an experience such as she cannot gain otherwise.

On October 1, 1926, I was promoted to Head Nurse of the Infant Department. This brought new problems and it also gave me an opportunity to place on the ward some new methods which I had heard discussed at the League of Nursing Education. Permit me to say right here that the League is one of the most profitable things in the life of a head nurse if she will use it. At one of the meetings, group nursing on the ward was discussed. Determined to try it out, after a talk with Miss Moore, I worked out a plan which I used with success.

Did it pay to take \$75 per month and go into a new field? Permit me to say, "It surely did," and it will pay every young graduate, in the same way, if she will put her heart in it and start at the foot of the ladder with the purpose of reaching the top.

Men Nurses

A Survey of the Present-day Situation of Graduate Men Nurses

BY KENNETH T. CRUMMER, R.N.

NURSING education, as we understand the term, began less than four-score years ago. Its growth and development have been exceedingly rapid, surpassed only by that of medicine, of which it is really a specialized part. It has not yet reached the apex of its climb, nor can one conjecture when that will be, nor how. But we do know its progress has been steady and that progress is still going on and will continue. There has been nothing revolutionary or sudden in this; growth has been attained by degrees, and by work and effort, but the change over a given number of years is great nevertheless, and amazing to one who has not watched it.

A part and parcel of this growth has to do with men nurses. Not that their education has differed materially from that of women nurses, the striking thing with the men seems to be the new and wider uses they are making of what they have learned and are learning. Is this because of the development and growth of nursing education, or because of a different type of man? Is it because of new viewpoints, new goals, new confidences or new inspirations? Perhaps any or all of these causes effect the new results. The fact is they have gone ahead faster in the last ten years than in the previous thirty.

It seems to me there is a difference in the personnel of the student body of the training schools today and among our younger graduates than there was, say twenty years ago. Externals are much the same except

that their ages run younger, but in the mental attitude there is a difference. Now the young man in nursing knows what he wants, or if he does not know that, wants something vaguely and is willing to work for it. Their educational preparation before coming to the hospital is certainly much better. We know from our preliminary physical and mental tests they are able, while years ago these things were taken on faith and decency and uprightness of conduct are expected and required not only by the training school but by the public opinion of the nurses themselves.

What do these men want from their training? What can we offer them beyond three years of experience and instruction that should help any young man, no matter what he does afterwards?

Of course the obvious thing is material success, but alone it does not satisfy. Material success is necessary and desirable but of secondary importance to that concomitant success which comes from altruistic service. For every normal man feels that his greatest hope of satisfaction lies in being necessary in the general scheme of things, in being useful, in helping individuals and so helping that gregarious collection we call society. Moreover, looking at it from another point of view, ideals of service are almost always necessary for material success.

That nursing offers the greatest possible opportunities for service, is one reason for the excellent type of man in nursing today; another reason

is improved educational facilities of the schools, making the whole venture surer.

Out of 366 graduates of one school of nursing for men, 55 or about 15 per cent are physicians. At first glance it would seem that these men have given up nursing; but it seems to me that they have simply broadened their training to a wider application. Many of them made nursing a stepping stone to medicine; some being essentially students, found medicine an obvious and logical progression. Of these, we find two superintendents of large psychiatric hospitals. One wonders if their groundwork in institutional affairs, as nurses, does not bear fruit in their guidance of them.

A rather new phase of activity is the appearance of men graduates in hospital administration on the business side. I know of one graduate who is the assistant business manager for a psychiatric hospital. Another is purchasing agent for a general hospital. Several are managing sanatoria. Because these men know hospitals from the inside, from the point of view of the patient and employee, know what may happen to materials and supplies after issuance, know the actual and practical sources of waste, because they know these things and many more, they find their nurse's training more helpful than a mere business training could possibly have been.

Besides the physicians mentioned above, we find some half dozen or more graduate nurses who are superintendents of hospitals; one of these institutions being a large leper hospital. Many are officers in institutions engaged in administrative work, and we find them in general nursing and in private work.

Manifestly we cannot all hold executive positions. There are not enough to go around and a great deal of nurs-

ing always has been, and should properly remain, manual and practical. So we find the men in general nursing, filling useful places where women fail because of lesser physical strength, looking out for cases coming under the classifications of urology and andrology, or just working along because they are good nurses.

One of the most striking changes in the nursing world today is the changed or changing attitude of women in the nursing profession towards men nurses. That attitude is one of acceptance, of taking them for granted and, what is more significant, welcoming them as co-workers and colleagues in a field big enough for all. This welcome includes all the rights and privileges as well as the responsibilities. This may be due to the more secure position of women nurses themselves, but I like to think it is the natural and inevitable result of effort and achievement on the part of the men and of those responsible for their leadership. And so no active or informed woman nurse is surprised or annoyed to find graduate men nurses in the general hospital, doing private work or as part of the staff. Of course this is not exactly new, the new part of it is the kind of responsibility they have and the changed regard in which they are held.

Private nursing occurs to everyone as the field that absorbs numbers of graduate men nurses. Here the need for them is great, and the rewards in service and money good.

We all know of the men in industrial nursing, but it has been suggested that men nurses have an opportunity to develop a new field here. Because of their training in psychiatry and their knowledge of psychology they are especially fitted to do personnel work with employees of industries, constructive work aimed to cut down one

of production's greatest wastes, overturn and rotation in employment.

In psychiatry the graduate man finds his greatest need. Here the patient in most cases requires positive leadership of a man as well as the adaptability and understanding of a nurse. The development of psychiatry itself depends largely on the use and development of graduate men nurses with psychiatric training.

Child work offers a new and practically unexplored field. The behavior case and the delinquent boy offer problems worth the ability and effort of any one. That these problems will require the help of men graduates I have no doubt. Their essentials are the same kind of problems met with in the psychiatric case. The man nurse is needed here for the same reason that men teachers are more successful than women with boys past a certain age; for the same reason that boys, when they reach this age, look to their fathers rather than to their mothers for guidance. The man nurse was a boy himself; he should remember the reactions, under certain conditions, of that boy he was. He needs to be counselor, leader, playmate and friend; wise and firm, but withal sympathetic and understanding. The very fact that a woman nurse is a woman, limits her usefulness with boys.

Physiotherapy is attracting more and more of us. That this is so is gratifying, since physiotherapy is being developed and encouraged by legitimate medicine. The nurse with his knowledge of disease and its prevention, as well as the fundamental sciences of anatomy and physiology, is better qualified than the graduate in physiotherapy alone, since the latter does not have the nurse's background of special education and experience.

A correlation of physiotherapy is the field of physical education. Some graduate men have gone into it; more are likely to do so, for here the basic education and training of a nurse are invaluable, as they are wherever the work to be done is with people rather than figures, abstractions, or concrete things, as cabbages or bricks.

We, as graduate men nurses, are almost satisfied with what we have done and what we are doing, but we need to be careful of the future right now.

Jesse Feiring Williams has stated that any profession will be judged "by the provisions made for training its students, by the scholastic standards maintained, by the scientific character of its work and finally by the ethical standards of the profession."¹ I believe it is only by fulfillment of requirements such as these that graduate men nurses can expect full and unqualified recognition. Their present success is in no small measure due to efforts in fulfillment and their progress depends on full realization of such provisions.

To fulfill these requirements calls for energetic work, keen watchfulness and high ideals from our schools, our alumni, groups of nurses and individuals. We need constantly to take stock and inventory, avoid self complacency and a "good enough" attitude, as some men avoid the plague. Women leaders can lend a helping hand, as Sara E. Parsons has pointed out in "Nursing Problems and Obligations," but for the most part it will be "up to" the men themselves to go ahead, to solve their own problems, and to find their proper and secure place in nursing and in allied medical fields.

¹"Personal Hygiene Applied," W. B. Saunders Company, Philadelphia.

An Historic Doll

BY CLARA D. NOYES, R.N.

SEVENTY FOUR years ago, this unique doll came into being in the famous barracks at Scutari, famous because it was there that the foundations of a modern system of nursing were laid by Florence Nightingale and her little band of co-workers.



MISS NIGHTINGALE'S SCUTARI DOLL

Now in the Museum of the American Red Cross, Washington, D. C.

A wounded soldier of the Crimean War amused himself during convalescence by making two dolls. (Occupational therapy apparently originated

much farther back than the World War!) One of these dolls was presented to Miss Nightingale in grateful appreciation of her ministrations to the sick and wounded. The other was presented to Queen Victoria.

In June, 1918, Miss Nightingale's doll, still in existence (it is not known what became of the one which was sent to Queen Victoria) was raffled off for the benefit of a British Army Hospital in Portsmouth, England. H. Maude Randall, an American Red Cross Nurse who was stationed in that part of the world at that time, bought a chance on this historic doll and won it.

Because of its interesting association she loaned the doll to the Museum at National Headquarters of the American Red Cross, where it reposes in a glass-cased cabinet and is seen by thousands of visitors.



THERE had been an amputation in the operating room and the Pathology Laboratory had called later to tell me that they had a "gift" for the teaching unit. I gave the specimen to a class next morning, four young students doing their first work on human tissue. I removed the sarcoma of the knee which had made the amputation necessary and was busy preserving it while the students traced out the various parts of the leg and foot. They had been working for an hour and one by one they had cleaned their instruments and left the laboratory until only Miss — remained. Later I stopped near her to remove my gloves and watched her, so intent on the parts as she had them spread out — tracing an artery to find it branch into two; examining a tendon and carefully following a tiny thread of a nerve; presently she said, almost reverently, "Who could be an atheist?"

Ohio.

L. D. W.

The Banana

BY BERTHA M. WOOD

YES, we have some bananas! Ripe bananas! Brown spotted bananas! Where do they come from? How do they grow? What is their therapeutic value?

The banana belongs to the large botanical family of the Musaceae. The leading member of this family is the genus *Musa*, since it includes all the edible bananas.

The most important commercial species is the *Musa Sapientum* (Fruit of the Wise Men), so named because of a legend that the ancient sages of India reposed in the shade of the banana tree and refreshed themselves with its fruit. It is found growing in southern Asia and northern Africa as well as in the Canary and San Domingo Islands. Those used in the United States usually come from the West Indies and the American tropics.

Another variety is the *Musa Paradisiaca* (Fruit of Paradise), deriving its name from the legend that a banana tree flourished in the Garden of Eden. This last named species is known as plantain and grows luxuriantly in both hemispheres, where it is a staple food when cooked as a vegetable.

Bananas are the product of a rapidly growing plant or tree. As the seeds are rarely developed in the cultivated varieties, the planting is done with pieces or "bits" cut from rootstocks, much as potatoes are planted. Nine or ten months after planting, the stem which bears the fruit pushes its way up through the center of the trunk and the flower bud bends over and down, resembling a large ear of corn enveloped in its husk. The outer covering later drops off revealing the tiny bananas, pointing downward. These bananas gradually turn up-

wards as they develop and increase in size.

Thirteen to fifteen months after the planting, a bunch of bananas is ready to harvest. Every banana bunch has from six to nine "hands" on which grow the bananas. Each plant or tree bears but a single bunch of bananas, and when the fruit is harvested the tree is cut down. In a few months a new bunch is ready to be harvested from a plant sprung from the same root.

Unlike many foods, the banana reaches the consumer in a germ-proof package; a worm-eaten banana is unknown.

Any impression that bananas are difficult to digest is due to eating them *before they are ripe*. To be ripe, there must be absolutely no green on the banana skin, not even on the tip ends, and if there are brown spots on the skin, so much the better. Bananas should not be kept in an ice box. Cold prevents ripening. When ripe or when cooked, the banana is easily digested but it must be *ripe or cooked*.

The food value of a banana is as follows: a 100-gram portion contains,¹ water, 75.3; protein, 1.3; carbohydrate, 22.0; fat, .6; calories, 98.6.

Dr. Walter H. Eddy of Columbia University, in reporting the results of research work done during 1925 and 1926 in quantitative studies in the Physiological Chemistry Laboratory of Teachers College, Columbia University, to ascertain the vitamin value of the banana, says that it contains vitamins A, B, and C, is deficient in D and is not lacking in E.

¹ Atwater and Bryant, U. S. A. Dept. Agriculture Bulletin No. 28, revised edition 1906.



Green Banana. All the cells full of starch and all the grains entire. Photograph by Prof. Lloyd, McGill University.

Its potency in C, its availability and relative cheapness make it a competitor with tomato and orange juice for use in infant feeding.²

Dr. Joseph A. Johnson of the Department of Pediatrics, Harvard Medical School, Children's Hospital, Boston, in a published article, entitled "Place of the Banana in the Diet of Children," states as his conclusions:

1. Ripe banana can be fed with safety to very young infants.
2. It constitutes a most valuable addition to the diet of any child, but particularly of that group of children whose ability to gain in weight is the most important factor influencing their recovery from protracted illness, but whose appetite must be tempted by more than the usual staples.
3. The banana is of therapeutic value in scurvy and celiac disease.³

Drs. Myers and Rose have found bananas a means of supplying calories for their nephritic patients:

The banana would appear to be a particularly valuable food to employ in the dietetic

treatment of nephritic patients with nitrogen retention. Very satisfactory results have been obtained in the rather mild cases of nephritis here reported. So long as the patients exhibit no distaste for the fruit, there would seem to be no reason why bananas should not be employed in considerable quantity.⁴

The banana is being used by many pediatricians in the treatment of celiac disease. This is a nutritional disturbance of late infancy or early childhood which is due to the inability to utilize fats and carbohydrates in a normal manner.

In this treatment the banana pulp is obtained from ripe fruit, evidenced as such by a golden yellow color with brown spots on the skin. The pulp is freed from any dark spots and passed through a potato ricer, then fed with a spoon to the child. This pulp is often mixed with milk.

Dr. Hilbert F. Day of the Harvard Medical School Faculty, and President of the Cambridge Anti-tuberculosis Association, reports excellent results in the Sunshine Camp in Cambridge from the treatment of eight weeks by sunlight, fresh air, exercise, and special attention to diet in which bananas and milk were important items.⁵

Dr. Henry Eugene Irish, of Chicago, in an article entitled "A Case of Celiac Disease with 'Banana Treatment'"⁶ reports a case in which the general plan of treatment was a diet high in protein and low in fat and carbohydrate, largely in the form of raw bananas. The bananas were started with a half ounce daily of the ripe mashed banana. This was rapidly increased to three whole bananas a day. Dr. Irish states that no explanation is forthcoming as to

⁴ "The Nutritional Value of the Banana," Drs. Victor C. Myers and Anton R. Rose.

⁵ *Journal of the American Medical Association*, vol. 68 (1917), p. 1024.

⁶ "Bananas and Milk are Good Team," *Hygeia*, vol. 5 (May, 1927), pp. 248-251.

² "The Place of the Banana in the Diet," Dr. Walter H. Eddy, *American Journal of Public Health*, vol. 17 (Jan., 1927), pp. 31-32.

³ *The Journal of the American Dietetic Association*, Sept., 1927.

why banana sucrose is well tolerated while cane or beet sucrose is not. In this case the four-year-old child took the bananas eagerly and they did not interfere with the normal stool or general progress of the child.⁷



Fully ripe banana. Most cells are now entirely free from starch.

As the number of bananas given daily may become tiresome to a child, interest may be maintained by giving some facts concerning the history of bananas. The preceding facts, with others to be obtained from "The Story of the Banana," by Philip Keep Reynolds, sent on request from the United Fruit Company, Federal Street, Boston, may add the psychological touch.

Usually a physician has a special way in which he desires the banana prepared for treatment, either scraped, mashed, or baked. For older children or adults, a banana may be baked in the skin by placing it in a pan with a half cup of water, to keep it from burning, and cooking slowly for one-

half hour. A banana out of the skin may be placed in a pan with a small amount of water and a generous amount of lemon juice, one to two tablespoons, over it and baked fifteen minutes in a slow oven.



What Is the Best Vaccination Dressing?

NONE at all. The ideal to be sought is to keep the site cool and dry, so as to promote rapid formation of a firm crust and to avoid maceration and rupture of the vesicle. In the case of primary vaccinia and vaccinoids, warning should always be given against tight or unduly heavy clothing, moisture from bathing or perspiration, and even repeated washing with alcohol, all of which interfere with desiccation during the vesicular and crusting stages. Such warnings are unnecessary in the case of mild immune reactions. If the vesicle or crust of a vaccinia or vaccinoid has been soiled or moistened with perspiration, it may be cleansed by wiping with acetone on sterile gauze or on a clean, freshly ironed handkerchief. If necessary to prevent soiling of clothing, a fold of sterile gauze may be attached to the garment, not to the skin.

Occasionally a severe "take" may require a few days of antiseptic dressings; primary vaccinations should be inspected at least once between the ninth and the fourteenth days to insure that desiccation is proceeding properly. If progress is satisfactory, the crust, which is nature's own protection, should be allowed to remain on the arm and kept dry until it is easily removed and the skin is found to be healed beneath it. There is no objection to a light sterile dressing for the first few days after vaccination, provided the arm is under constant competent surgical attention and maceration is prevented, but such provision is seldom assured. Dressings during the vesicular stage require frequent attention and renewal, tend to prevent drying, and if attached to the skin usually adhere to the top of the vesicle so that the natural protection is torn off when the dressing is removed. Shields of celluloid, felt, or similar materials are particularly objectionable.—From the *Weekly Health Bulletin*, Connecticut State Department of Health.

⁷ "Archives of Pediatrics," vol. 43 (1926), p. 533.

A Time Study in Vienna

Application of the Taylor System in the Nursing Service of the Children's Hospital, University of Vienna¹

BY HEDWIG BIRKNER

A POINT which has struck me in the execution of my administrative hospital duties is that very few women have a capacity for making their work easier by careful planning and systematic preparation, with the result that there is discontent and frequent change of personnel as well as unsatisfactory conditions in regard to the instruction given to student nurses.

Conscious of my responsibilities as the chief of a complex household, I commenced a study of the Taylor System, as well as an analysis of the work to be undertaken by the nurses and the domestic staff under my direction. Having, as a result of observation, a clear understanding of the great variety of the work which had to be done, I soon realized that a hospital could be benefited as much as an industrial concern by adapting the Taylor System to its use.

My method of proceeding was as follows. First, I endeavored to influence the thinking capacity of the workers by planning for the preparation of all the things needed for the particular work in hand, and for a systematic sequence in carrying it out, particular attention being paid to time.

In arranging the course of study for the students as well as the practical

work in the hospital I always tried to keep in mind:

1. That the patient should have comfort, help and sympathy by means of good nursing care.
2. That those engaged in work should have satisfactory working conditions.
3. That the student nurses should be given a thorough preparation for future professional work.
4. That time and energy should be made good use of to the advantage of both patient and worker.

With these fundamental principles as a basis, for months I watched all the nurses and domestics in the hospital at their different tasks, noticing the *time* taken and the *methods* used.

I also took into consideration the peculiar characteristics of the different students and trained nurses, such as ambition, industry, skill, tact and nervousness, qualities which affect the work so much. With a stop watch I decided what time was required for carrying out the various kinds of manual work in each of the seven wards of the hospital, where nursing care is given to infants, children with medical and with infectious diseases, and to mentally deficient children. Through these time studies, in which, as I have said, due consideration was given to a number of different items, the fact was brought to light that the following three chief categories of work are to be found in a hospital: *i.e.*, nursing, domestic, and administrative duties, which are, however, so bound up, one with the other, that they are not easy to separate. Of these three, the largest amount of time is required for the nursing duties; next come the

¹ Excerpted from a paper read at the I. C. N., Geneva, July, 1927. The original article was accompanied by a graphic chart showing exactly the number and kind of nurses available for each hour of the twenty-four-hour day. Charts are a useful method of demonstrating to non-nurses some of the difficulties of staffing wards. They might be an aid in securing funds for the graduate service most wards need.

domestic duties, by which I mean the preparation of food and cleaning of the ward; the shortest time is required for the administrative duties.

An infants' ward with 20 beds, for instance, will require 80 hours a day or 560 hours a week for nursing, if attentive and complete care is given to the patients. I should thus need, for an 8-hour working day, 10 nurses; or for a 10-hour working day, 8 nurses, per day. When only medium nursing care is required, 20 infants will require 60 hours per day or 420 per week, and I should therefore need for an 8-hour working day, 7.5 nurses; or for a 10-hour working day, 6 nurses, each day. Finally, when just minimum nursing care is needed, 20 infants will require 40 hours' nursing care per day or 280 per week, and I should need, for an 8-hour working day, 5 nurses; or for a 10-hour working day, 4 nurses, per day.

As an example for this analysis of work in a hospital, let us take a well-conducted infants' ward, as this surely can serve as an example for every kind of acute service. In an infants' ward with 20 infants, each requiring 4 hours' nursing care per day, a total of 80 hours of nursing care per day or 560 per week are needed. With a 56-hour week, 10 nurses per day are necessary. These 10 nurses comprise a head nurse, her assistant, a third trained nurse, and 7 student nurses in their first, second and third years of training. Of this number, the three trained nurses and the five student nurses in their second and third years have a 56-hour week, making a total of 448 hours; two student nurses in their first year of training have a 48-hour week each, making 96 hours, which brings the total to 544 hours. This leaves a deficit of 16 hours per week, which is generally made up by the assignment of a student nurse for morning duties only.

The work to be performed is assigned to the nurses on duty within 15 "day-hours," *i.e.*, from 6 a. m. to 9 p. m. By means of the time study it was found that the hours on duty of the head nurse and her assistant—that is 56 hours a week per nurse, making a total of 112 hours—were occupied with: nursing duties, including the instruction of student nurses, 65 hours per week; domestic duties, including supervision of inventories, 17 hours; and administrative duties, including special attention to charting, supervision of the ward records and the reports of students' qualifications, as well as any necessary secretarial work, 30 hours a week. Of the senior students' hours on duty, 50 hours per week are devoted to nursing care, 2 to domestic duties and 4 to administrative duties. Of the junior students' hours on duty, 41 hours per week are devoted to nursing care and 7 to domestic duties, while the youngest junior student's hours consist of 31 hours devoted to nursing care, 15 to domestic duties and 2 to administrative duties. The nurse assigned to the ward for morning duty only, devotes 8 hours to nursing care and 8 hours to domestic duties, per week. The hours of duty of the night nurse consist of 29 hours per week devoted to nursing care, 25 to domestic and 2 to administrative duties.

The example cited proves that of the 560 hours of work accomplished by the 10 nurses: 424 hours are devoted to nursing care of patients; 82 hours are devoted to domestic duties; 54 hours are devoted to administrative duties; that is, 560 hours of work for 20 infants for a week during which careful and complete care is given.

The result obtained through such a time study is helpful in various ways:

1. By analyzing their work, the workers are encouraged to think and learn, whereby their

satisfaction in the work and their efficiency increases.

2. By means of well-planned teaching and direction, the student is able more quickly to master her duties and to place a higher value on the work itself.

3. By analysis, an approximately correct estimate can be made of the number of nurses required for a certain number of patients, which is one of the most difficult problems for nurses in administrative positions.

If this report of my observations in this special field has stimulated interest in the best possible use of time and energy in bedside care, I am convinced that those who study this question more closely will discover in their own sphere an abundance of details in which their work can be simplified, improved and facilitated by means of systematic thinking.

The nurse of today is responsible for a large number of different duties, varying in importance. It should be our aim gradually to relegate the duties which require no special professional preparation to non-professional workers (as is done in certain institutions in the U. S. A.) so that the nurse may concentrate upon her strictly professional work. Such an arrangement will mean a financial economy for large institutions.

But until this goal is reached we must endeavor by means of rational assignment of work to economize the time and the energy of the nurse, so that conditions will be easier for the younger generation than it was for us.



The Commonwealth Fund

THE capital endowment of the Commonwealth Fund, which was established in 1918 as a general philanthropic foundation

with an initial gift of \$10,000,000 from the late Mrs. Stephen V. Harkness, was increased by additional donations during her lifetime and now amounts to over \$38,000,000. The income last year was \$2,129,748.

Approximately \$417,000 was expended to carry on the Fund's program for the promotion of child health. A five-year demonstration of health work in Fargo, N. D., was completed and the city has made provision for the continuance of every essential activity at its own expense. Fargo's health budget for 1928 calls for an expenditure of \$1.13 per capita for health purposes, as compared with 28 cents in the year prior to the opening of the demonstration. The health work of the city is rated by the American Public Health Association at 814 points out of a possible 1,000, as compared with 320 the year before the demonstration. Similar demonstrations are being continued in Rutherford County, Tenn.; Athens (Clarke County), Ga.; Marion County, Ore.; and the official scoring of public health activities in these communities already shows gains comparable to that in Fargo.

For the development of rural hospitals, the Commonwealth Fund appropriated \$414,000 during the year under review, making awards to Farmington, Maine; Beloit, Kans.; and Wauseon, Ohio. Farmville, Virginia, and Glasgow, Kentucky, had received awards the previous year under this program, the objects of which are to provide modern hospital facilities in rural areas where they are needed, to assist in improving standards of local medical practice, and to provide an incentive for good physicians to remain in the country and for young physicians to come there. In accordance with a policy of coöperation which is applied, so far as possible, in all the Fund's local work it is stipulated that the community shall pay one-third of the cost of building and equipping the hospital and undertake its maintenance. The general plan includes the construction of fifty-bed general hospitals in the selected areas; the development, where advisable, of facilities for the training of nurses; provision for preventive and educational clinics as a part of out-patient service; fellowships to local physicians for postgraduate study; educational institutes and clinics for physicians; and the development of community public health activities in coöperation with the hospital.

Sprue

By A. L. GREGG, M.D.

SPRUE is found chiefly in southern China, India, and Ceylon, but is considerably more widespread and deadly than is supposed. As yet the cause is unknown. We can only say that it is especially liable to attack Europeans who have lived for some years in certain parts of the Tropics. The onset is insidious; indeed the disease may not show itself until after the patient has left the endemic area for some years.

Pathology. Whatever part of the body is really at fault, there is no doubt as to the main lesions. The disease attacks part or all of the alimentary canal from the mouth to the anus, and in addition causes wasting and anemia.

Course of the Disease. Beginning indefinitely with indigestion, flatulence, loose motions, and a general loss of well-being, the disease progresses slowly to a stage of diarrhea—worse in the mornings—anemia, much abdominal discomfort after food, and marked wasting. As the anemia develops, the skin acquires a lusterless, yellowish hue, sometimes very characteristic.

The tongue and mucous membrane of the cheeks and gums may become red and ulcerated. These mouth symptoms can be distressingly painful, and are usually present at some time in the course of the disease, but may be absent throughout. I have known more than one diagnosis missed because of the absence of mouth symptoms. Frequently the patients are extremely irritable and cantankerous.

The stools are characteristic, and the nurse cannot pay too great attention to every detail connected therewith, as they alter from day to day, and are a sure index of the progress being made. A bad stool is a bulky,

offensive, fermenting mass of almost liquid consistency, containing undigested particles of food, and is of a yellowish or greyish white color; it does not contain blood. On treatment, one expects the diarrhea to stop, and the stool to change first to a bulky, greasy, putty-like offensive mass, and then to a white, bulky, but formed stool. In these a pink color may develop on standing, due to bacterial decomposition, and is of no moment.

In a case doing well, the progress, though slow, is steady, the stools and weight improve, and the anemia lessens, the appetite improves, but more important, still, is the return of digestive power and the absence of flatulence after food. A good nurse will note and report all these far from trivial details.

There is no pyrexia in uncomplicated sprue. For a time after the diarrhea is checked, constipation may be troublesome, especially if associated with hemorrhoids.

Prognosis. The earlier the disease is treated, and the younger the patient, the more certain is the hope of an early cure, but with a person of advanced years the condition is more grave, especially if the patient has been in the grip of the disease for some years. There is a great tendency to relapse.

Treatment. There are few diseases where the nurse will have to exercise more tact and firmness, or pay more attention to detail, and perhaps none wherein patience will be more tried. At first, bed must be insisted upon, the patient not being allowed up on any pretext. Where emaciation is marked and the vitality low, the skin requires great care, and general massage is very

bénéficial. Where possible, the room must be kept at a uniform temperature of 65 to 68 degrees F., and no drafts or chills permitted. The patient should be weighed once a week, this being the one permitted violation of the "bed rule." The stools should be inspected daily and may be required to be weighed also. To do this, have some receptacle of known weight in which the stool can be weighed. Where no directions are given, the nurse will find castor oil the best aperient. Any change or presence of undigested food in the stools must be reported.

The mental attitude may vary from normal to that of lunacy, the patient being often maliciously provoking and mendacious. However exasperated the nurse may become, she must remember that this mental attitude is part of the disease and hence the patient cannot be held entirely responsible, although a few plain words sometimes have a corrective effect. Most trouble arises over the question of diet, the patient's ideas by no means coinciding with the doctor's instructions. While many methods of dieting are adopted, I propose to outline one, only, as it will serve to convey some idea of the care required. This is known as the milk treatment.

The Milk Treatment. We start with a total of three pints of milk, divided into two-hourly feeds throughout the twenty-four hours, omitting only one feeding at midnight, and one at 4 a. m., should the patient be asleep. The feedings must not be boiled, but should be heated almost to the boiling point and given hot. Cold feedings are bad. A little salt in the milk makes it more palatable. Sometimes the doctor will order the milk to be peptonized, or diluted. The feedings must be taken slowly, a sip at a time.

The only way to ensure this is to make the patient take it with a teaspoon or else watch the feeding being taken. Milk sometimes becomes very nauseating to some people, but any alteration in the diet must be left to the doctor. The quantity of each feeding is gradually increased, day by day, as ordered, until in about six weeks the patient is consuming six or seven pints daily. The diet is then gradually improved by the addition of Benger's Food,¹ liver soup, egg flip, arrowroot, bananas, or strawberries, rusks, milk tea, ground, boiled white fish, and chicken. All this takes about three months, and in severe cases may require six months or more, while a year or so should elapse before red meat is attempted. This appears drastic, and I can assure you it is so, but the results make it worth while, for the disease is a very deadly one.

I have yet to be convinced that there is anything like a certain cure, and up to the present we have nothing which can supplant the unremitting care and attention of a capable nurse.



Negro Nurses at Louisville

IT is expected that a considerable number of negro nurses will attend the Biennial. The Negro Nurses' Association of Kentucky is eager to help them to secure suitable accommodations and suggests that all inquiries should be made to Mrs. Lutie Reed, 733 South 15th Street, Louisville. Mrs. Reed, who is President of the Negro Association, and Mrs. Myrtle Applegate, President of the State Association, are working with Miss Keen, Chairman of Arrangements, to make the convention pleasant and profitable for this group. It is expected that wealthy negro citizens of Louisville will gladly entertain in their homes.

¹ Benger's Food is a milk powder, making a thick, gruel-like feeding of the milk, when cooked.

The Social Program in Relation to the New Theory of Education

From the Sub-committee on Extra-curricular Activities of the National League of Nursing Education

VIEWING the results of the educational methods of the past half century with dissatisfaction, educators today are seeking new ways of meeting the needs of the individual. They are refining old methods, sifting, abandoning, or re-vamping theories previously held; they are launching countless experiments in the hope of finding more valid information concerning such vital subjects as character development, "creative imagination" and the like. The educator is possessed of a growing realization that if the content of education accumulating through the centuries is to be of vital interest to the student, it must concern him personally. That is, it must present itself to him in such a way that he will readily recognize its value in the development and unfolding of his own life towards greater self-realization. "If modern youth looks lightly upon the moral standards of the older generation, it is because young people suspect their elders of making a failure of life." He must see and understand the import of tradition, social custom, and the accumulated social heritage of racial experience with relation to its influence and bearing on his own life. If education is to play a vital part in the student's every-day thinking, causing him to rework his values in the light of past experience, the concept of evolution, and an ever broadening outlook on life, it must offer more than "book-interest" and "fact learning." Among the countless "stimuli" that sing to the youth today in siren voices, his acceptance or rejection of

that of education will depend upon its appeal as "life interest" and "emotional learning."

The question raised is, obviously, how far the "fact interest" acts as a force in the life of the student, helping him make it fuller and richer. It is in an endeavor to find an answer to this question that we turn to observe the changing emphasis from the monotonous droning of the primer lesson and the rule of the birchen rod to the free self-government and individual expression through the project method. Rather than the furious transmission of the social culture, fact on weary fact, attention is being turned to the *vehicle* of reception and transmission, the *individual*.

How does this concern nursing? Up to the present time nursing has confined itself more or less narrowly to the vocational interest and outlook. Upon graduation we have been content to ask, "Is the student an efficient nurse?" and, "Which branch of nursing does she plan to enter?" rather than, less briefly "Is the student an efficient nurse, imbued with devotion and unselfish regard for the ideal of her profession; can she meet and adjust to life situations as she finds them beyond the doors of the school?"

If the time has come in the world of academic education, where the student is more or less of a free lance, to question the "end product" of educational methods, the type of individual resulting, has it not also come for nursing? Is it not even more essential for the educational leaders in nursing, by way of remaining true to

the trust passed to them by the women of great vision and indomitable spirit in the past, to be concerned with the quality and character of the individuals whom nursing is calling to its ranks? A moment's meditation upon the high idealism and possibilities of spiritual expression and satisfactions offered by the profession makes it seem fitting that, rather than failing to recognize the significance of this new theory, passing it by on the other side, nursing should seek it out.

It is again a question of values. Shall nursing join hands with the leaders of educational research in attempting to ascertain what methods will produce the dynamic, perfect individual, or shall it be content to lay emphasis only on the skill and knowledge side of the profession, regardless of the character of the individual upon whom it is depending to carry the ideal forward to actuality? Surely the person who can, in the best and most satisfactory manner, make the various and intricate adjustments life demands of us, will be freest and strongest to carry forward the work of the profession to its highest consummation.

It is the gap filled neither by the practical work in the hospital, nor by the curricular teaching that the social program is designed to fill. It does not offer itself as a panacea for all the problems surrounding the life of the student nurse, but it stands rather as a force to aid her, through direction and suggestion, in profitable and valuable use of her leisure time. The opportunities it offers in self-government, development of her religious life, through drama, literature, activities along musical and artistic lines, should enable her to experience a marked growth in appreciations, increasing pride and discrimination in taste, a broader interpretation of the conven-

tions and amenities of life. Such a program ought also to offer her abundant opportunity for physical as well as mental recreation through a carefully chosen program of sports and athletic activities, activities selected not because they may be easiest to sponsor or lend themselves to the situation with the least output of effort, but because they yield the greatest value for the amount of energy expended and the time utilized.

Educators are looking to the extra-curricular activities chosen because of their vital interest to the student, to realize some of the major values which the previous curricular methods have failed to make a reality. If for the student there is valuable "life-experience" in a carefully chosen social and recreational program, the nursing profession can ill afford to pass over the benefits and opportunities for character development such a program offers. If question remains in the mind of any concerning the validity of this new venture, in this age of experiment and research, should not all professions of an educational and vocational nature join hands in making experience and experiment yield up the secrets of progress?



University Course for Nurses in Ecuador

A COURSE for nurses was started last October in the Faculty of Medicine of the University of Quito, under the direction of Dr. Angel A. Teran, Secretary General of the Red Cross Society of Ecuador. The students are in temporary residence in quarters assigned to them at the Maternity Hospital until the School for Nurses which is being installed at the New Civil Hospital is ready for occupation.

The Government has founded ten scholarships of \$50 a month, with a view to encouraging the development of the training school.—From the *Information Bulletin of the League of Red Cross Societies*, March, 1928.

Where Does Nursing Want To Go?

BY MAY AYRES BURGESS

NURSING is a lifelong profession. In every graduating class, to be sure, there are several girls, about six out of every hundred, probably, who are engaged to be married by the time they leave school. Marriage rates are very high, and many of the married women drop out of nursing, for the time being anyway, so that by the end of the eighth year or the beginning of the ninth, half of the graduates will have dropped out of the profession, most of them into matrimony.

The other half, however, stay on and on and on. Diagram 1 gives the picture of what happens to every 1,000 girls who start out after graduation together. Of the 1,000, 59

drop out before they have completed their first year, 71 more drop out before they have finished two years, and the third year is the most dangerous one of all, with professional mortality of 91 out of the original 1,000. From that time on, however, the loss becomes steadily less. Nurses who escape the matrimonial perils of the first eight or nine years may look forward with confidence to a long life of active professional interest.

The Grading Committee, by studying the individual records of 73,271 graduates of nursing schools, has been able to construct a professional-life table which tells for nurses each number of years out of school how many

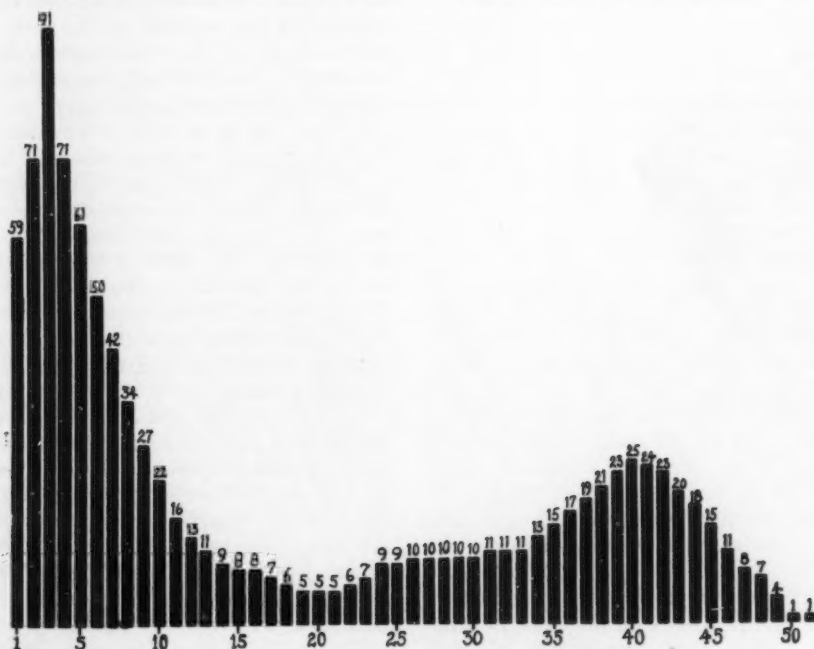


DIAGRAM NO. 1

Nurses who drop out each year, from 1,000 who start

more years, on the average, they will probably stay in nursing. The table shows, for example, that for the members of the Senior class standing on the platform on Commencement night, the average professional life will probably be about 17.34 years. This average is rather low, because so many of the girls will marry during the next two or three years. For the girls who have been out of training school five years, the average professional life still ahead of them is 20.43. For those who have been out ten years it is 22.23. It then begins to drop as more and more of the life lies behind the nurses, so that those who have been out twenty years may expect 16.13 years more; those who have been out thirty years, may expect 9.18; out forty years, 3.38; and those who have been actively in the nursing profession for fifty years, may still expect half a year of service ahead. It should be remembered that these figures are for "average life." Individual nurses may stay in the profession longer than that or they may drop out earlier, but they are more likely to stay for the duration of the "average life" than for any other particular period.

These figures are interesting to the individual nurse, but they are of much more than merely individual importance. They probably mean something rather serious to the entire profession. It is true that half the nurses drop out by the eighth or ninth year, but what of the other half? They stay in, as the diagram shows, for many years thereafter; and each class graduated adds its quota of nurses who stay.

Moreover, a curious thing is happening in American life—not in nursing alone, but apparently in every profession—and that is, that married women are coming back into the pro-

fessions in which they practised before marriage. It is impossible to get the exact figures, because the movement is still so new and conditions are changing from year to year, but it seems safe to make a guess that of all the young nurses who marry, about one-fourth will be active in nursing for some years. Many of them marry and keep steadily on until the time comes when children or household cares take them away from the profession. Many others drop out of the profession early, but come back again years afterward to take up their active practice where they left it. It is one of the extraordinarily interesting phenomena of modern American life, this change in the attitude of women towards professional work after marriage, and many people feel that it shows a most wholesome trend; but in addition to the unquestionably desirable aspects of the movement, it carries with it certain deeply significant aspects for the nursing profession.

If the average future professional life for nurses ten years out of school is a trifle over 22 years, and if, in addition to the nurses who now expect to keep on, there is an unpredictable, but undoubtedly large number of married nurses who will be coming back into the profession as the cares of their households permit, how many nurses are there going to be bye and bye, and is there going to be work enough to keep them all busy and happy? The first part of this question depends, of course, not only upon how long nurses stay in the profession and upon how many of the married ones who drop out will come back again later, but also, and very largely, upon how many new nurses schools of nursing graduate each year.

The Grading Committee has made a careful estimate of how many graduates may be expected. Diagram 2 is

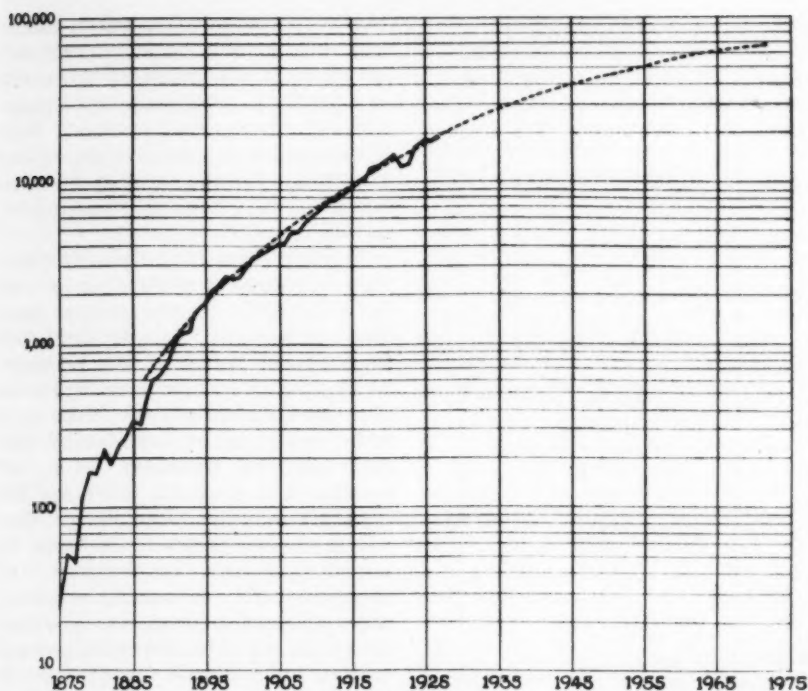


DIAGRAM No. 2

Nurses graduated each year in the past ——— and in the future ———. The logarithmic trend line (— — —) is derived from the estimated graduates each year from 1886 through 1926.

rather an unusual form of diagram, because it is drawn upon what is known as semi-logarithmic paper. The principle of semi-logarithmic paper is that, in the vertical scale, equal distances imply equal units, not of addition, but of multiplication. The distance between 10 and 100, for example (being equal to 10×10) is the same as the distance from 100 to 1,000 (10×100), or 1,000 to 10,000 ($10 \times 1,000$), or 10,000 to 100,000 ($10 \times 10,000$). Data plotted on such a scale will lie in a straight line if they are progressing at a steady rate. Figuratively speaking, if the driver is putting on the gas, the curve swings up and away from the straight line, and if he

is putting on the brakes, it swings towards or under the straight line. Diagram 2 shows in the irregular line the plottings of successive graduating classes from 1875 through 1926. It will be seen that in the early years nursing schools were rapidly accelerating their speed, but that as the years went on, although the actual numbers of nurses increased with astonishing rapidity, the rate of increase shows a definite tendency to slacken. Instead of leaping straight upward towards the sky, the curve of progress is apparently approaching the top of the hill, and in the not too distant future, unless conditions change, will reach its height and remain there on a steady level of

annual production. Sometime after the year 2000, there will probably be no great increases in the annual crop of graduates.

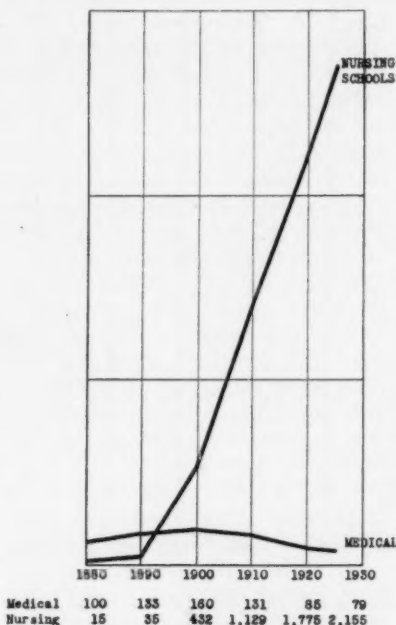


DIAGRAM NO. 3

Medical and nursing schools in the United States from 1880 through 1926.

But that does not mean that there is no occasion for worry about the size of graduating classes! The dotted line in the diagram shows the pathway along which the nursing profession seems steadily to be steering its way. The figures, moreover, are very conservative. It may be that the line should be much higher than it is, but even with this conservative calculation, it will be seen that the class of 1965 will contain some 60,000 graduates. If present conditions hold, probably well over 30,000 of those nurses will go into private duty. Perhaps far more than that will be forced

into private duty. Can public health take over in one single year 12,000 new workers, in addition to many thousands which will have been applying in all the years up to then? Will there be places in institutional work for 18,000 brand new graduates in addition to all those from the year before, and the year before that?

Nursing is growing far more rapidly than the general population of the United States. At the present time there is serious unemployment for nurses in all parts of the country. This is partly because 1927 and 1928 have been healthful years, with very little serious illness. But may not that condition continue? Is it not possible that epidemic years are becoming less and less frequent, so that nurses cannot count upon them to furnish adequate employment for large numbers? If nursing keeps on adding thousands of girls to its ranks each year, can it provide work enough—work which is paid for, that is—to keep them all busy and self-supporting?

There may be an answer to this question. Certainly there must be much nursing—real nursing—which the country needs and which is not being cared for at present. It may be that the nursing profession can, through wise thought and constructive action, reorganize its methods in such a way that it can put nursing service on a self-supporting basis and utilize its immense production of new graduates in constructive and hitherto unthought-of ways; but that development is not one which can come through chance or accident. It is not safe for any profession to go blindly; it must see clearly where its path is leading and choose for itself exactly how far it intends to go.

The medical profession faced the same problem many years ago. Diagram 3 shows the numbers of medical

schools and nursing schools from 1880 through 1926. It will be seen that the number of medical schools increased steadily from 1880 until in 1900 there were 160 medical schools, graduating each year about 5,200 students. It was at that point that the medical profession began to worry about the quality and quantity of its new graduates. It instigated all over the country a definite conscious campaign to reduce the numbers of schools and students and to improve their quality. The campaign has been carried steadily forward ever since, with the result that in 1926, the 160 schools had been reduced to 79, and the 5,200 graduates to less than 4,000.

The other line in the diagram shows the numbers of nursing schools in the same years. There has been no check upon their growth. The minimum standards for nursing education are low; and the profession has as yet no effective device for doing what the medical profession has so effectively done to control the type and number of new professional recruits. Diagram 3, like the two others in this article, raises a single question: "What, if anything, should the nursing profession do?"



School Nurses

ONE hundred and seventy-five cities of more than 30,000 population in the United States have reported that they employ trained nurses in their schools, says the Bureau of Education of the Federal Department of the Interior. This is double the number that did so ten years ago. Twenty years ago there were almost no schools in which nurses were employed, and thirty years ago such employment was practically unknown. Today the nurse is finding her way in considerable numbers even into the rural schools.

In 116 of these cities the nurse is employed for the school year, and in 58 for the calendar year. In some circumstances her service ex-

tends to as many as 7,000 pupils and in others to as few as 800. Her pay ranges from \$637, as a minimum, to \$2,700 as a maximum.

Graduation from a good hospital training school is the first essential as a basis for school nursing. This presupposes certain educational requirements for entrance to the hospital; and the more general education the school nurse has, the better fitted she will be to meet the teachers and other educators on their own ground with a feeling of equality. In her own specialized field the nurse feels that she can speak with authority; it is essential that she should be and feel so qualified. She should use good English in speaking and writing, and should know something besides her own work of school nursing.

Her duties are to assist teachers in their work of health instruction and training by suggestions and advice; also to give any nursing demonstrations that may be required in connection with such subjects as physiology and home economics; to make home visits to explain health care needed for children, to obtain consent and cooperation of parents for measures advised, and to give suggestions and advice for better home care. The tactful nurse is in a most advantageous position to bring about a most sympathetic and helpful cooperation. Another of her duties is to make arrangements and adjustments with physicians, dentists, hospitals, clinics, and other agencies for various types of surgical, medical and health care needed by children. It is also her duty to attend to such minor ailments and emergencies as, in the judgment of the physician, may be left to the discretion of the nurse.



New Haven Hospital Diet Card

THE patient who likes a plain boiled potato, but who is unhappy if mashed potato is served, and others with diet preferences or idiosyncrasies, are catered to in the New Haven Hospital.

The diet ordered is indicated by the color of the card. Within the limitations of that order, his likes and dislikes are respected and the card is large enough to permit an enumeration of them.

The cards are protected from stains by glassine envelopes and serve as place or tray cards.

NEW HAVEN HOSPITAL REGULAR DIET

Name Date
Individual Preferences

Diana Clifford Kimber

WITH the death of Sister Mary Diana (Diana Clifford Kimber) on January 11 at the Convent of the Holy Name, Malvern, England, there has passed from among us one of the rare spirits of that distinguished group of women who, having come out from our hospitals in the '70's and '80's, laid the foundation of the best that we have in nursing today.

Miss Kimber was a member of a well-known family of Oxfordshire, England, and had received a liberal education in both England and Germany before she came to this country.

She entered the Bellevue Training School in 1884. One of her coworkers in Bellevue, Lavinia L. Dock, writes:

No one who knew Miss Kimber in those early days in Bellevue could forget the deep impression made by the benignity of her rather plain but strikingly intellectual countenance, the kindly humourousness of her sympathetic, understanding temperament in its contact with others, the refinement and nobility of her mind, her outlook on life, her ideals, her wise counsels. In Miss Kimber's character there was a rare combination of "strength with sweetness" that made her what she was.

It was a privilege to have known her and to have been associated ever so briefly with a personality quite free from trace of self-seeking or self-assertion, directed wholly by loving-kindness, justice and serenity.

In Bellevue, Miss Kimber met Louise Darche who had entered the school a year earlier. These two became warm friends, and we know that the friendship lasted to the very end.

Upon the completion of her training, Miss Kimber had charge of a surgical ward, and also served as night superintendent for about six months. Then she accepted a position as Assistant Superintendent of the Illinois Training School connected with Cook County Hospital. Isabel Hampton was Superintendent of the Illinois Training School at this time.

When Miss Darche later accepted the position of Superintendent of the Training School on Welfare Island (then called Blackwell's Island) she chose Miss Kimber as her assistant.

Miss Darche and Miss Kimber entered on their work January 1, 1888, and one of the early reports of the school describes the heroism of these two women crossing the East River in the little boat that had to push its way between cakes of ice; and taking up their work in the gloomy, gray, stone buildings that house so much misery and suffering, and at that time did not provide comfortable quarters even for these pioneers.

It is difficult to write of Miss Kimber's work without including Miss Darche. Miss Kimber was always a capable and loyal assistant. All the problems connected with the upbuilding of the Island School (there was only one at that time) were studied equally by these two women, and the plans evolved were the result of their combined judgment.

Passing years, and more detailed knowledge of the devious ways of politicians in connection with municipal institutions have helped us to understand and appreciate the complementary qualities of these two women, the high plane of their friendship and what a wonderful combination they made.

Miss Darche was perhaps more largely in the public eye, as she it was who had to meet all the innumerable officials connected with a city institution.

Miss Kimber planned the curriculum, did all the teaching, and came in close daily contact with the students. Perhaps those who remember the discipline in vogue in those days will understand me when I say that while the students respected and admired

Miss Darche, they were always somewhat in awe of her. But we loved Miss Kimber, and it was to her we took all our heartaches and troubles. Miss Darche would point out our pathway clearly, but Miss Kimber made us feel that no matter how hard it was, we wanted to follow it. She possessed to a preëminent degree the ability to bring out the best that was in those with whom she came in contact; she has been described as a "saintly character"; her former students would all agree with this description if by it is meant helping others to live up to their highest possibilities.

It was Miss Kimber's keen desire to help her students that caused her to write the textbook on "Anatomy and Physiology" which bears her name, and which was published in 1893, being one of the first scientific books *by a nurse for nurses*. That this textbook continues to grow in favor is due to many factors, not the least of which is the imprint she put upon it.

Miss Kimber and Miss Darche were active workers in that group of nurses who met in Chicago in 1893 at the World's Fair and whose deliberations culminated in the organization of what is now the National League of Nursing Education.

When Miss Darche's failing health obliged her to resign (February, 1898) Miss Kimber was appointed to succeed her. During the few months that she remained, each department of the school was carefully gone over to simplify administration, the work of the school year was completed, commencement exercises were held, and then (May 1) Miss Kimber joined Miss Darche and they traveled to England. Up to the time of Miss Darche's death they were constantly together, and all the love and skill of which Miss Kimber was so capable, was lavished on Miss Darche. The

pity of it, that it was of no avail!

Miss Darche's sudden death was a terrible shock to Miss Kimber. For a few years afterward she lived quietly at her home in England, then joined an Anglican Sisterhood, whose work among the poor in the large manufacturing towns of England is similar to that of our own public health nurses.

The writer has visited Sister Mary Diana (her religious name) at the Convent of the Holy Name, Malvern, England. The old convent buildings have a wonderful charm of their own, and the beauty of the chapel is inspiring; but the loveliest part of all is the rose garden in the close formed by the quadrangle of buildings. Here roses of many varieties bloom in great profusion. Those who knew of Miss Kimber's love for flowers, and her unsuccessful attempts to have a garden on the southern end of the Island, where only plants that grow close to the ground survive, because the wind blows almost constantly, will feel it is only poetic justice that she should have spent her latter years where flowers love to blossom.

Miss Kimber was happy in her work and kept her interest in nursing to the end. Quite recently she sent a generous contribution to a fund for sick nurses.

To those who knew how frail she always was, it seems remarkable that she continued in active work until two years ago. Her health failed in October of last year, and she passed away peacefully at the Convent. She is buried in the Cemetery of the Community of the Holy Name at Malvern Wells in England.

Her passing causes a feeling of great loss, but with this is mingled joy over a life so triumphantly lived, great gratitude for her influence on nursing and for the privilege of having known her.

Who's Who in the Nursing World

NOW serving a second term as President of the Indiana State Association of Graduate Nurses, Anna M. Holtman is one of the tirelessly active workers upon whom so much of the work of our professional organizations rests. Never one to say No, she has accepted office after office until, at the present time, she is not only President of the State Association but also of the State Board of Nurse Examiners, First District of the State Association and the National League for Lutheran Nurses. She was active in the organization of her Alumnae Association and has been its president. Her outstanding characteristics are sincerity, loyalty and dependability. Her co-operative spirit and willingness to enter into any activity that has for its aim the advancement of the nursing profession, have made her a most valuable member of nursing organizations in Indiana.

A native of the Hoosier state, she has spent practically all of her life there. She has been a private duty and an industrial nurse. Following a period of years as operating-room supervisor, she took a postgraduate course in Hospital Economics, Administrative and Institutional Nursing at Grace Hospital, Detroit. Since 1919, she has been Superintendent of the Hospital and Principal of her Alma Mater, the school of nursing of the Lutheran Hospital, Fort Wayne Indiana, where she has brought about radical improvements.



LXXXII. ANNA M. HOLTMAN, R.N.

Active, whole-heartedly interested, a loyal believer in and worker for standards of the highest type, Miss Holtman has allied herself with hospital interests quite as definitely as with those of nursing. Those who have enjoyed the delightful hospitality of the Lutheran Hospital know that her activity produces results not only in the associations which she serves but also where they are most potent for good—within the walls of the institution over which she graciously presides.

Editorials

THE ENDOWMENT OF SCHOOLS

IN bequeathing a substantial sum of money to an Alumnae Association, the great physician who recently did so, undoubtedly intended to perpetuate his respect and affectionate loyalty for the members with whom he had worked side by side for many years. It is significant that no bequest was made to the school that produced these nurses. Was it because the Alumnae is organized and has corporate existence, whereas the identity of the school is almost completely merged with that of the hospital? We shall never know the answer in this particular instance. It is high time, however, that schools face the fact that, by their very lack of identity, they make it difficult for even their best friends to help them.

The facts revealed by the Grading Committee indicate that not only nurses but the hospitals and their boards must soon squarely face two questions: How many nurses shall be graduated each year? and What kind of nurses shall they be? If these questions are answered with due regard for the type and amount of professional service to be rendered by the graduate nurses, it will at once become clear that schools for nurses must have funds of their own. This is no new thought. Miss Nutting has been thundering it from every convenient platform for a quarter of a century, but the scanty results remind one of a prophet crying in the wilderness.

The school of the Woman's Hospital of Philadelphia has had funds for the payment of lecturers and other educational expenses ever since 1872, and now has a substantial income

from its endowments. It is a tragic fact that its example in following Miss Nightingale's idea as expressed in her endowment of the School at St. Thomas in London was not followed by other schools in this country.

Many years went by before Mrs. Helen Hartley Jenkins endowed the department at Teachers College, which now enjoys the income from one-half million dollars. Mrs. Chester Bolton's munificent gift for nursing at Western Reserve is fresh in our memories. The Rockefeller Foundation is assisting the schools at Yale and Vanderbilt. Mt. Sinai of New York has many funds for nurses, but only a part of them are gifts for strictly educational purposes. The Farrand Training School of Detroit has \$40,000, given over and above the cost of its lovely nurses' residence. The Hackensack Hospital has \$40,000 "for the upkeep of the Nurses' Home." The original Illinois Training School had a substantial invested fund. A few schools have women's boards some of which find means for supplementing the budgets allowed by the hospitals, but we are not informed that these come from permanent endowments.

The total amount set apart for the exclusive purpose of educating nurses is utterly pathetic in its inadequacy. A growing number of schools have tuition fees, totalling in one instance more than \$12,000, but tuition fees do not cover the real cost of education in schools of nursing any more than they do in colleges. A few schools have small special funds, the nuclei, it is hoped, of greater things. Alumnae Associations are not indifferent. Those of Johns Hopkins

Hospital, Massachusetts General Hospital and Hartford Hospital are among the number actively working for the financial security of their schools.

The vast majority of schools report that they are supported by the hospital budget, sometimes with definite allowances, more often without. These latter are like the old-fashioned wives who, if their husbands were generous, had charge accounts, but whose lot was even sadder than if the head of the house personally controlled the entire family income.

In an *Atlantic Monthly* article on the "Question of the Women's Colleges," it is stated that "the largest of the women's colleges has endowments yielding annually less than one hundred and twenty dollars per student, compared with five hundred dollars enjoyed by its nearest neighbor among the men's colleges," and the women's colleges are asking, not for chivalry but for justice.

Like the women's colleges, our schools of nursing must begin asking, not for chivalry from the hospitals but for justice from the tax-paying communities, and for consideration by philanthropists. If the studies of the Grading Committee continue to indicate the importance of limiting the output of graduate nurses and thus throwing more of the burden of hospital nursing on graduate nurses instead of on students, the hospitals must be relieved of a part, at least, of the cost of nursing education. How shall the funds for the educational endowment of schools of nursing be secured? It is a matter that will require a vast deal of thinking and of effort in the nursing profession and a vast deal of public information on the real function of a school for nurses. The thought is not new but the hour has struck when it must be acted upon.

PSYCHIATRIC NURSING

IN the office of the Grading Committee there is a chart showing what doctors think of nursing and it will not surprise any reader to find that, of all the medical groups, the psychiatrists are the least pleased with the nursing care their patients are receiving, for it is the specialty that has had the least attention from the nursing profession. The nursing profession has not been wholly oblivious to this situation. The papers presented in the department of Nursing Education this month are an index to the educational trend. Gradually a body of nurses, expert in psychiatric nursing, is working to the end that student nurses may have some experience in the care of psychiatric patients. Forward-looking principals of schools of nursing are thinking of the study of mental health and mental illness as fundamental to good nursing. It is to be hoped that more and more schools of nursing will see the necessity for such training. If they have not suitable departments, the special hospitals may be drawn upon, for they are becoming more and more cordial to the idea of arranging for affiliations for undergraduate training. One school, the Illinois School of Psychiatric Nursing, reports that it has more applications for affiliations than it can care for and plans are under way to extend this valuable service by opening a unit of the school in a second state hospital.

The Section on Mental Hygiene of the American Nurses' Association is planning an extremely interesting program for the meeting at Louisville, under the leadership of Effie J. Taylor. It has been actively at work surveying the field and will have an interesting report on the available courses, to present at that meeting.

Out of the discussions it is hoped may come an impetus that will carry the profession far forward in its thinking, helping it to evaluate existing courses, to develop new ones and, perhaps most important of all, to remind all nurses that "the human touch," which is the hall mark of good nursing, can be attained only by those nurses who know the effect of the stress and strain of daily life on the minds as well as on the bodies of their patients.

HOW ONE COMMUNITY IS NURSED

WHAT is the total amount of nursing service needed in a given community? No one knows. Dr. W. L. Walker of the American Public Health Association has outlined the need for public health nurses in cities of 50,000, in an article "A Balanced Public Health Nursing Program," but so far as we are aware, no study has ever been made of "A Balanced Nursing Program" including all types of nursing service.

No one really knows how much graduate service a hospital of any given type requires. No one knows how much private duty service should be at all times available. The studies of the Grading Committee on Supply and Demand are bringing the profession closer and closer to the point where such studies must be made, for the story of the registries reported by the Grading Committee in the April *Journal* is startling in its implications. The following facts are set down as suggestive, and suggestive only, of a type of information essential to the development of future programs.

In 1926, Detroit was estimated to have a population of 1,384,500. Let us assume that this was true, also, in 1927. It is said that 2 per cent of the population in this country is always in need of medical care; and that of

these sick people, 10 per cent are hospital patients. If that be true, then in 1927 there were 27,790 people ill, every day, in Detroit, and 25,011 were ill in their homes. Probably the actual figures were higher, as the city undoubtedly had continued to grow in 1927.

What did the various nursing services contribute to the care of these patients? It was a year of exceptional health conditions. Indeed, the city had the lowest death rate of any year in its history. As reported by the Department of Health, 2,268 people were alive at the end of the year who would have died if the death rate of 1926 had prevailed. Undoubtedly nursing service was responsible for a part, at least, of that actual saving of life. Under the leadership of a progressive department of health, their teaching must have been influential in lowering the infant mortality, and in the actual saving of the 17,947 cases of communicable disease saved, as reported by the Health Department.

The municipal nursing service gave a total of 563,896 services, including school work, with 312 nurses. The visiting nurses, and this too is considered a notably efficient organization, visited 23,064 patients, making 156,512 visits with a staff of 103 nurses. Private duty nurses, through the central registry, filled 25,757 calls. There were 127 calls not supplied. Hospitals made 22,923 of these private-duty calls; homes, 2,629; and 205 were from out of the city. Hourly calls, to the number of 684, were supplied by this registry and 2,022 calls for practical nurses were filled. Male nurses were supplied for a few special cases. In addition to all of this, the hospitals of the city have their own nursing services, which we will not attempt to evaluate here.

Glancing over the figures, one gets the impression that the city is unusually fortunate in its nursing service. Its nursing organizations are closely integrated, they work extremely well together. Indeed, the central registry with its various services and the Visiting Nurse Service are under one roof. The registry takes the calls of the Visiting Nurse Association from 5 p. m. to 8 a. m. and on Sundays and holidays. A joint plan for hourly nursing is being developed.

The registry reports that "spasmodically we have very heavy calls for general duty in hospitals. It is difficult to secure nurses for such service. After the nurses have established themselves in an apartment with friends they are loath to give it up and live in an institution." The question arises, Why should this be so spasmodic? Do the hospitals attempt to stabilize their services by having some general duty nurses on duty at all times? It is not essential to the service for general duty nurses to live in the hospitals and the objection could be overcome by an adjustment of salary.

Only one hospital in the city has definitely established group nursing and is not yet ready to call the plan an unqualified success. Nurses believe that this should be a regular and not an emergency service, in order that continuous employment may be assured and the salaries adjusted to really compensate for the highly skilled service required.

The registry supplied 136 nurses for positions in hospitals or public health work, but was unable to supply 80 requests; a matter which raises the question of close integration of registries throughout the country.

The picture in general is unusually attractive but it is incomplete. The registry puts out very attractive

folders, stating that its purpose is to meet the community's need for nursing care, to maintain a high standard for professional work and ethical conduct of its members. The registry aims to provide the doctor with the kind of co-worker he wants, to provide the patient with the nursing care he needs, and to place the nurse where she can give good service and be happy.

It then enumerates and describes the services that may be secured by calling its telephone number: private duty, practical, hourly and visiting nurse service. A Central Bureau of Nursing is responsible for the instruction of the practical nurses, which is given at "Nursing Headquarters" and the Community Fund makes up deficits in the cost of instruction, thus recognizing this as a community service.

The registry refuses its privileges to nurses who wish to exercise a latitude of choice that is inimical to the best service of the registry. Despite this, it is known that not every patient can secure a nurse when needed.

Are the nurses of this city satisfied that they have reached the pinnacle of usefulness? Lyda W. Anderson, the Executive Secretary of the District Association, says they are not. They believe that hourly service could be greatly extended if doctors and patients were more generally aware of its usefulness. Some of the difficulties mentioned in Miss Geister's classic, "Hearsay and Fact," two years ago, still occupy the foreground of the mind of the secretary. The enforced days of waiting by the private duty nurse are not always compensated for. The registry is a *placing* agency, but it does not supervise. In only a general sense can it control its output. In only a general way can it assist the nurses with the immediate task. There is no machinery set up by means of which the nurse who has had a brilliant success or she

who has had a particularly trying time may share her elation or share her burden. There is no way in which a patient who falls ill during a week-end or a holiday may be sure of nursing care if he does not, or cannot, go to a hospital.

It seems obvious that without a sickness survey, a very close integration of nursing services, a real correlation of supply and demand for the different types of service, and also of the total demand in relation to the size of the output of the schools, the nursing profession is "going it blind." The Grading Committee is constantly unearthing new facts. It is important that the profession learn to use the facts it has and to unearth those others which it so greatly needs for its own best development in its effort to supply the total need for nurses in this country.

THE A. M. A. HOSPITAL REPORT

THE appearance of the Hospital Number of the *Journal of the American Medical Association* has become for nurses an important annual event. Last year, for the first time, data on schools of nursing were included. This year's report shows that schools in the United States have increased from 2,155 to 2,286, while the total number of hospitals without schools decreased from 5,261 in 1926, to 4,521 in 1927. New York, with its gain of 18 schools, shows the greatest increase.

The report states that, although the number of schools in hospitals which, for various reasons, are considered unethical and unsafe places for the care of sick and injured people, has increased from 38 to 48, "there is a gratifying decrease in the number of such training-schools approved by the state boards of nurse examiners." In 1926 eighteen such schools were approved, while in 1927 the number

dropped to twelve. Six of them were operating in Illinois.

It would be difficult to understand how any state board could justify the accrediting of a school in a hospital definitely stated by the American Medical Association to be unethical, for modern ethical professional nursing must go hand in hand with ethical scientific medicine.

WHAT SHALL WE DO?

MANY matters of importance will come before the delegates to the American Nurses' Association meetings at Louisville for discussion and action. The Headquarters office is striving to keep the associations throughout the country fully informed as to the nature and scope of the problems on which action should be taken and letters of information are constantly going out.

One extremely interesting letter is on the question of the completion of that charming building in Bordeaux, France, which bears over its doors the name "Florence Nightingale School—American Nurses' Memorial." This is the memorial to the 291 American nurses who lost their lives in line of duty in the Great War. It is unfinished because the fund planned for the purpose proved inadequate to meet the increased cost of building materials brought about by the war. The \$51,000 was used for as much of the original plan as could be built and, as the building now stands, it quite obviously lacks one wing. This wing is needed, not only to complete the symmetry of the building, but also to adequately house the school.

The question to be decided at Louisville is this: Shall the American Nurses allow the Memorial to remain unfinished? \$25,000 is needed. It is important for each delegate to go to the Convention fully instructed as to the wishes of her association. The needs of the Grading Committee and other professional activities are to be considered; they cost money, but American nurses will not permit them to lag for want of support. Despite these important matters the question is: Shall we permit to remain unfinished a building which contains tablets, in English and French, bearing the inscription "To the Florence Nightingale School in memory of our comrades who died in service in the Great World War, we, the nurses of America dedicated this memorial to the higher education of nurses."

Our Contributors

Howard M. Sheaff, Ph.D., M.D., of Rush Medical College and the Presbyterian Hospital, Chicago, has performed a signal service for nurses by separating from the mass of information and of current research, some essential facts about the endocrines.

The paper on "Nursing in Endocrine Disturbances" is by **Gunda Engen, R.N.**, graduate of the Presbyterian Hospital School of Nursing, Chicago, and Supervising Instructor in the Medical Department of her Alma Mater.

No comment is necessary on **Mrs. Grace Hallworth Kasheimer, R.N.**, as she has described her professional activities.

In writing of the affiliation of the School of Nursing with Creighton University, **Father B. L. Sellmeyer**, Regent and Chairman of the Administrative Board of the School, said "We have not tried to copy any one particular school but to embody what seemed best in our own particular case."

Elise Van Ness became well known to members of the American Nurses' Association when she was publicity secretary for the association. She is now living in Chicago.

The article "In a Botanical Garden" suggests that many schools for nurses may still be unaware of riches to be had for the asking.

The paper on "Allergic Diseases" is the result of a visit to the splendid Out-patient Department of the Presbyterian Hospital in Philadelphia, where **Dr. H. B. Wilmer** directs an interesting asthma clinic.

We are indebted to **Margaret McGregor, R.N.** for the unusual picture of Miss Nightingale, a copy of which hangs in her office at the Gillette State Hospital, St. Paul, Minn. She says, "I saw a copy of the picture in an English magazine when I was a little girl and the neglected patients in semi-darkness made a deep impression on me."

It is not remarkable that **Alice Carr** should recently have had front page space in the *New York Times* for her professional life has been filled with adventure.

It is several years since we have had an article by **Kenneth T. Crummer, R.N.**, Instructor in the School of Nursing for Men of the Pennsylvania Hospital. He has had a varied hospital and private duty experience.

The article on "Bananas" is in response to requests for information on the nutritional value of a popular fruit. It is always inter-

esting to discover that a delicious food may also be "good for one."

The author of "A Very Present Help" says it would embarrass the modest but superlative nurse she describes to put either of their names in the *Journal*.

Hedwig Birkner, Director of Nurses at the Kinder Klinik, Vienna, found the Taylor system invaluable when installing a nursing service in a new hospital. The methods adopted by "taking thought" not only proved highly efficient but gave her patients incomparably better nursing care.

Extra-curricular activities in schools of nursing are very much more than mere recreation, important though that is. The article in this issue is the first of a series to be expected from the Sub-committee of the National League of Nursing Education.

A. L. Gregg, M.A., M.D., of London, England, is a lecturer on tropical diseases. His article on "Sprue" was prepared for the *Quarterly Journal* for Chinese nurses. We welcome permission to publish it.

The papers for the Department of Nursing Education were gleaned from many sources. **Charles W. Gilkey, M.A., D.D.**, is minister of the Hyde Park Baptist Church, Chicago. **Mary Elizabeth Tennant, B.A., R.N.**, is a graduate of the University of Colorado, Philadelphia General Hospital School of Nursing. She is now with the Rockefeller Foundation and will shortly be stationed by that organization in Paris, France. **Edith M. Haydon, B.A., R.N.**, a graduate of the Army School of Nursing, is Superintendent of Nurses at St. Elizabeth's Hospital, Washington, D. C. **Katherine McLean, R.N.**, is in charge of the Psychiatric Department of the Colorado University Hospital. **Myra A. Whitney, R.N.**, wrote her paper while taking a postgraduate course at the school of Butler Hospital, Providence, R. I. Miss Whitney is a private duty nurse who took the course because she wanted to know "more about the mental aspect involved in ordinary illnesses." **Harriet Bailey, B.S., R.N.**, has had extensive experience in mental nursing, and is the author of "Mental Nursing." She is now secretary of the New York State Board of Nurse Examiners.

The data released this month by **Mrs. May Ayres Burgess** of the Grading Committee are startling in their implications. They point the way to an analysis of the economic situation in hospitals and schools of nursing.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY
LAURA R. LOGAN, R.N.

The Influence of Atmosphere¹

BY CHARLES W. GILKEY, D.D.

BOTANISTS tell us that when they subject a tree to the process which they call destructive distillation (that is, when they burn it in a vacuum furnace, in order to separate its permanent from its perishable elements), that result is not at all what we laymen in botany would expect. We should take it for granted that the elements which pass into a tree through its roots from the solid earth out of which it grows would be most enduring. It is just these elements, however, which consume into ashes and fall away. That which endures the searching test of the vacuum furnace as pure carbon is what the tree has absorbed through its leaves from the invisible atmosphere around it.

Just so it is with human life at a dozen points, and especially with the process of education. Every student spends the larger part of his time in study that is as essential to his intellectual growth as healthy roots are essential to the growth of a tree. But the results of this study, however important, are relatively temporary. The facts, the figures, the formulae, which he works so hard to learn, slip away from his memory all too rapidly in the years after graduation until he could hardly pass an examination in any one of the subjects he took in college. The athletic skill and the proficiency in the various activities

of college life, into which so much time has gone, are similarly short-lived.

But meanwhile there remains, like the tree's pure carbon, something that the student absorbs from the atmosphere in which, during these impressionable years, he has lived, and worked and played. A certain point of view and perspective stay with him from the classroom long after its facts are forgotten. A certain attitude and spirit that he caught from his coaches and team-mates stay with him as long as life shall last. A certain understanding and coöperative good will toward other people is the permanent benefit of his round of college activities, long after other details are forgotten. A sense of stewardship and a spirit of service seem to be the great moral and spiritual accession of his student days. All these precious gains come out of the atmosphere of the school or college—and the student absorbs them, half unconsciously, until the tests of life reveal their presence and value.

The faith of religion is that. What is thus demonstrably true of the few brief years of student experience, is true of human life as a whole. Its physical and economic roots run down deep into the heritage and the society out of which we have come to be what we are.

But meanwhile human nature, like the tree, possesses a mysterious capacity to assimilate and make its own elements from the invisible world of truth, and beauty, and goodness,

¹ An extract from the commencement address delivered to the Illinois Training School for Nurses, Chicago, June, 1927.

around and above it. Religion's faith in immortality holds that these are the enduring elements of person-

ality; and that when the dust returns to the earth, as it was, the spirit shall return unto God who gave it.

The Place of Public Health in the Basic Course in Nursing¹

BY MARY ELIZABETH TENNANT, R.N.

WHEN the new emphasis on health promotion and preventive effort made imperative more highly trained and differently trained women, the awakened public's feeling toward such work demanded a supply wholly out of proportion to all previous experience. When such nurses were not supplied, existing methods of nursing education were widely challenged. As a result, a number of short-term courses sprang up which claimed to fit young women without previous nursing training for the public health field in a few months.

In 1919, when this situation was most acute and the shortage of women entering the training schools as probationers most threatening for the future, a committee was appointed by the Rockefeller Foundation to conduct a study of the proper training for public health nurses. A brief survey brought out the fact that it was impossible to separate the education of the public health nurse from the broader subject of general nursing education. A year later the scope of the committee was enlarged to include a "study of the entire problem of nursing and of nursing education with the view of developing a program for further study and for recommendation for further procedure." The

findings of this committee are a valuable contribution to the subject of nursing education. Two years and four months was the shortest period of time recommended for hospital training. For a public health nurse, an academic year of postgraduate training must follow.

Undergraduate training in public health nursing, in so far as it represented specialized preparation for the public health field, was deprecated by the committee, on the ground that it is so often given at the expense of some of the basic hospital services, and also because so small a proportion of the pupils of any school usually profit by it. It was recommended instead that the principles of preventive medicine, and a minimum, at least, of social interpretation be taught every student before graduation. By reduction of the hospital course to 28 months, a postgraduate course of eight months is made possible without increasing the present three-year allotment of time for undergraduate training.

Some nurse educators question the practical results in this shortened period of time, as to whether or not the nurse will take the postgraduate course. A question also arises as to what constitutes basic training. It is taken for granted, perhaps, that the term was applicable only to training in such subjects as can be taught in a hospital. The time may be coming

¹ Read at the Institute of the Missouri State League of Nursing Education, October, 1927.

when greater stress will be laid upon the necessity of teaching those preventive aspects of the health problem that the public health field so largely offers. With the development and standardization of public health nursing and with the vastly improved methods of supervision now common, the nursing technic of certain types of work have been carried quite as far as, if not farther than, in the hospital. Nor does the hospital always offer a complete picture of conditions in a given field. Practically all prenatal cases, for instance, are cared for at home. Fifty per cent of obstetrical cases are delivered there. The well baby is only found at home, also a large percentage of sick and delicate children and infant-feeding cases. There are many tuberculous patients at home. It would then seem that the public health nursing organization possessed much of valuable supplementary teaching material on obstetrical, pediatric and tuberculous nursing.

Whatever the future may have in store in regard to the development of facilities whereby part of the basic nursing training may be received outside of the hospital; at present the best entry to the public health field for the graduate nurse is unquestionably by means of the postgraduate course. As the standard of instruction improved, it was further realized that an administrative agency was not the one best fitted to carry alone a purely educational project and if the courses were to be properly developed they must be placed under auspices better adapted to educational ends. The courses endorsed by the National Organization for Public Health Nursing are of collegiate grade. The practical phase of the course is given by the public health nursing organization.

Since most of the colleges and universities offering the postgraduate course in public health nursing require college entrance requirements, this handicaps many nurses because they are not high school graduates. The training school can do much from now on by requiring all pupils to be high school graduates or the equivalent.

Through affiliations with schools of nursing some of the universities offer five-year courses: two years of academic college work, two of general nursing training, and a fifth year in which the usual public health postgraduate course may be elected. At the close of the fifth year, a bachelor's degree is awarded in addition to the nursing diploma. In the postgraduate course it has been decided to equally divide the time for the theoretical and practical. Two methods are used in the field instruction: (1) ordinary district of the public health nursing association or visiting nurse association, and (2), the teaching district. The ordinary district seems to provide the best method.

As pointed out previously, the Committee of the Rockefeller Foundation did not recommend undergraduate training. As pointed out by Miss Gardner, country-wide changes of this sort take place slowly, and as many hospitals will undoubtedly for the present continue to affiliate with public health nursing associations or visiting nurse associations for undergraduate training, this training should be safeguarded. This period of training generally is two months. The large organization with the university affiliation makes a big contribution to the cause of public health nursing education, and so may the small organization. The training school that sends pupils to a public health nursing association should, in justice to its

pupils, expect two things: first, that the organization is employing modern and approved methods of work; and, second, that systematized and educative supervision is given each pupil during the entire period of her connection with it. This implies a nursing staff qualified to teach. That undergraduate training as now given, amounts, with a few exceptions, to little more than an introduction to the field, does not necessarily belittle its importance. It is understood that the pupil nurse receives this public health nurse training in her third year, so that she will be thoroughly grounded in proper nursing methods.

An interesting development in nursing education is being carried on at New Haven in the Yale School of Nursing. Miss Goodrich, Dean of the School, states that it is the purpose of the new School of Nursing to have the student, before she completes her training, introduced not only to the institutions but to the health and welfare resources of the city of New Haven, with the great hope that whatever she does or wherever she functions in the future, she will be interested to similarly inform herself relating to her own locality.

Dr. Haven Emerson states:

It has been the practice in training schools to train the nurse to do precisely as she is told. She is there to learn, not to discuss; to observe, to record, think if she will, but keep her thoughts to herself. This in the main has been the basis of nurses' training. The result is that when she leaves the hospital she has much to learn, especially in the art of self-expression. Her particular task is to teach others and she is never quite sure when she will stumble upon an audience. The hospital, like the nurse, is merely a unit of public service. The community is the service.

Dr. Winslow states:

The objective of the public health nurse is the family reached through the patient. In the hospital the nurse sees only the patient.

The public health nurse is the link with public health science on the one hand, with the laws of physiology and the laws of sanitation and the laws of society—and with the individual family on the other. If she is to make this contact effectively she must have clear vision of the essential laws of physiology and hygiene and sanitation, she must know what the situation is to which the patient ought to be adapted. She must understand the psychology of the particular individual so that the situation and individual can be brought together. Tact is a comprehension of the other person's point of view.

A technical education has two advantages over a purely academic education. One is the eternal interplay of theory and practice, each a successful check up on the other. The second great advantage is that the student has before her, from the first, a kind of picture of herself, already at work in her profession. The training school should show the pupil nurse an attitude to take, how to meet all questions with a fusion of intelligence, imagination, courage and human sympathy.



What Is a School Paper?

A SCHOOL paper is a school institution, whether published by a high school, an academy, a college or a university.

It expresses the character, the culture, the tastes and ideals of its school and breathes its atmosphere. It is the only permanent record of the life of the school in all its phases, and presents these phases in the most realistic manner. It affords opportunity for the exercise and development of the best literary, business and artistic talent and gives expression to them. It radiates and builds school spirit. It forms a connecting link between faculty, students, alumni and patrons. It can be made to raise funds for worthy enterprises and, being self-supporting, it costs nothing.

It should contain just that desired combination of dignity and frivolity, which gives it its position, not only in your school, but among the great yearly production of school publications.—From *The Link*, Kahler School of Nursing.

Teaching and Supervision of Mental Nursing¹

BY EDITH M. HAYDON, R.N.

THIS paper presents the methods which have been tried by us in attempting to introduce psychiatry into the general hospital nursing school curriculum.

1. Lectures without clinic.
2. Lectures with clinic.
3. Lectures with observation on wards.
4. Affiliation with mental hospital with lecture course, class conferences, and supervised work on wards.

1. A lecture course alone is almost useless, I should say it is practically time wasted, as the language of psychiatry is highly technical. The reaction of patients is difficult to grasp unless they are actually seen.

2. A lecture course with clinics is perhaps one step better, but the student gets an exaggerated picture out of all proportion to a given disease unless the clinic can be associated with work among patients suffering from that disease.

3. The third method, concentration on a lecture course, with brief periods on various wards, is perhaps more helpful to the nurse than method two, but is unthinkable from the viewpoint of the greatest good to the patient. Constant changing of personnel, and an excess number of personnel are bad for the patients who become excited and upset. The nurse does not gain an adequate idea of what may be accomplished with better planned, more continuous methods.

4. Plan four is the one which is

found most desirable. At St. Elizabeth's, we use the plan of a three-months' affiliation for undergraduate students and four months for postgraduate students. The courses are the same, with the exception of a month in the social service department which is offered to postgraduate students.

The three-months' course in mental nursing given to the students of St. Elizabeth's Hospital Training School for Nurses and to students of affiliating hospitals has a four-fold purpose:

1. To demonstrate that the mind is an expression of the state of the entire organism and not only the functions of the brain. Therefore, the physically ill patient exhibits mental symptoms, and the mentally ill patient will frequently show physical symptoms. In short, that in nursing, the patient must be nursed, not the disease alone.

2. An effort is made to show that the symptoms in mental disease are but exaggerations of mechanisms present in the normal individual. After this course in psychiatry, normal psychology, and psychology as demonstrated by human behavior, the nurse should have a more thorough understanding of her own reactions, and those of her patients and friends. She should be broader minded and more tolerant.

3. That the nurse may go out into her life's work prepared to remove prejudices existent in the public mind towards the mentally ill and towards mental institutions, and to carry forward the gospel of mental hygiene.

4. To teach the nurse to care for the

¹ Read at the Educational Conference, Alumnae Reunion Week, Army School of Nursing, Army Medical Center, Washington, D. C., June, 1927.

mentally ill patient with sympathy, tact and understanding.

The theoretical course consists of thirty-five lectures in psychiatry, ten hours of normal psychology, ten hours of human behavior, ten hours, quizzes; and practical demonstrations in clinics of tube-feeding, hydrotherapy, and the various treatments of cerebro-spinal forms of syphilis.

Lectures.—The course in psychiatry consists of thirty-five lectures and clinics. The purpose of the mind is indicated, and its evolutionary development as shown by its increasing powers of adaptation through successive stages from lower to higher forms of the species pointed out. Attention is called to the evolution of the central nervous system, and to the fact that the development of the mind parallels that of the nervous system. The various levels of mental phenomena are explained and the sources of mental energy pointed out. Mental mechanisms are discussed, and illustrative examples of their operation in the normal mind are cited. At the same time, patients illustrating how these mechanisms may act to produce mental diseases and disturbances of social adjustment are shown. The nature and causes of mental disease are discussed, normal psychological processes are explained, and reference is made to their disorders found in mental illness. The principal psychoses are described, their symptoms interpreted in terms of mental mechanisms, and patients showing these points are demonstrated. The care and management of patients suffering from the several functional and organic psychoses are taught. Throughout the course an attempt is made to show that mental disease is essentially a failure at adjustment. The various mental mechanisms which bear upon professional problems and relations of

the nurse are indicated. The principles of mental hygiene are outlined, and their relations to social psychiatry are discussed. Reference is made to the nature and causes of mental defect, and the lines to be pursued in the case of the mentally deficient are outlined.

The course in psychology consists of ten hours of normal psychology and ten hours of human behavior. This course explains the every-day actions of normal individuals, shows the exaggeration in the mentally ill patient, and suggests the underlying causes for the illness and some means of prevention.

Quizzes.—The quiz classes consist of discussions by students of questions difficult to grasp, and the reactions of certain patients are analyzed. Short papers are brought in by the students.

Practical experience.—Practical experience is gained on both male and female reception services, female epileptic ward, acute excitements, special psychiatric ward, medical ward, hydrotherapy department, and the syphilitic treatment room.

Hydrotherapy and tube-feeding are taught right on the ward and in the hydrotherapy department.

In the classes, underlying reasons for the extensive use of hydrotherapy are discussed, and the use and abuse of tube-feedings.

The newer methods of treating cerebral and neural syphilis are demonstrated and explained in the syphilological treatment room. The physician and nurse in the treatment room give the student every opportunity to see, assist and understand the various treatments. Recently, one afternoon a week has been set aside for treatment of encephalitis lethargica cases.

Every effort is used to have the student feel that for the time they are

with us they are at home, that they have the usual responsibilities and privileges which accompany the home atmosphere.

Entertainments are held for the patients: in the winter dances and movies, and in the summer one weekly dance gives way to a band concert. The students are assigned to duty to go with patients to these entertainments as it gives the students a more complete picture of the patients' interests and contact with reality.

Recently the Red Cross Field Director asked whether it would be possible to have a nurse to assist several hours each day in the Red Cross Hut. She is planning a schedule of activities. Each nurse getting this service will spend three to four hours a day, for two weeks. The

actual instruction and work will be supplemented by a suggested reading course.

With respect to the student nurse's reaction to her new environment, we find her not infrequently to be timid. The students have to be encouraged, warned not to let patients know that they feel frightened. They have to be taught the significance of keys, of carefully locking doors. They have to be warned that, especially in suicidal patients, the patient must never be out of sight.

The students are encouraged to observe patients closely and as a spur towards this end, carefully kept case records are expected.

This summer we are working out means by which the case study method may be applied to mental nursing.

Value of Psychiatric Training for Nurses¹

BY KATHERINE McLEAN, R.N.

WITH all the material there is upon the subject of psychiatric nursing and its value to all nurses in whatever line they specialize, I feel that discussion at this time will accomplish more than a long address.

To the private duty nurse, psychiatric training is essential. After a simple appendectomy, the atmosphere created for the patient by his nurse is of as great importance as is the routine nursing care. To be able to appreciate when one's patient is too tired to have more visitors, or when he needs the added stimulus of the visit of a friend, should be as much the vital interest of his nurse as whether his temperature is elevated or he needs a cathartic.

If you have a patient who, after many physical illnesses, is unable to rise above his symptoms or his pain, how easy it is to stamp him as neurotic and to spoil hope of recovery for him at that time when, through your contact alone, you could boost him to physical and mental health.

To the nurse in administrative work, in all her contacts there is nothing to be lost and everything to be gained in an appreciation of the other person's viewpoint. A superintendent can learn much of a benefit to herself and to her students if, as she meets them, she understands them. Some are born with this ability but most of us have to acquire it, and I believe that practical work in psychiatric nursing can do much to train in us that ability.

¹ Read at a meeting of the Colorado State Nurses' Association, February, 1927.

I have so often recalled a statement made by the doctor who lectured to us in psychiatry while we were having our practical work:

You cannot hope, in the short three months you are in the psychiatric clinic, to be of any lasting benefit to the patients with whom you have contact, but if you gain a knowledge of your own limitations and the difficulties you have to face and surmount, you will have a lasting foundation upon which you can build for yourself greater efficiency in living and in any line of work you may take up.

The public health nurse plays one of the leading rôles in the mental hygiene program. The follow-up care of the individuals who have been treated in the mental hospital is of great importance in the prevention of recurrences of mental disorders. The most important phase of the modern mental hygiene program consists of the studies of the pre-school and school child. Teeth, tonsils, malnutrition, are important parts of a study of a child, but the study is incomplete if we do not consider the personality, the factors that enter into the behavior reactions and the type of habit training he has received. The nurse in this connection, if psychiatrically trained, will emphasize details which are of great importance, habit-training, self-control, self-reliance and endurance, the nature of whims regarding food, type of associations with other children, the dangers of day-dreaming tendencies and the proper reaction to success and failure.

Many states are now requiring a certain number of hours of theory in psychiatry for nurses, and we are hoping for the day when a three-months' affiliation in psychiatry will be required for graduation. That day has not yet arrived but you have now the opportunity of securing for your schools a three-months' affiliation which is planned according to the Standard Curriculum and we believe

that you need this affiliation as much as we need your nurses in the Psychopathic Hospital.

We begin our classes in March. We are giving thirteen hours of psychiatric nursing; twenty-one hours of lectures in psychiatry and clinics; one hour in the anatomy of the brain and nervous system; seven hours in mental hygiene and child psychology by a physician; three hours of lectures in occupational therapy by our unusually expert occupational therapist; two hours of social service lectures; making a total of fifty hours of theoretical work.

In our service schedule of three months, the nurses have two weeks on the women's convalescent ward, an hour a day of that two weeks being spent in hydrotherapy; two weeks on the men's convalescent ward with two hours a day spent in occupational therapy; two weeks on the disturbed women's ward with work three days a week in our very active out-patient clinic; three weeks on the disturbed ward for men; and three weeks of night duty.

It may be of interest to read from a paper written by one of the student nurses on the things that impressed her during her three-months' service in the Psychopathic Hospital:

My experience at the Psychopathic Hospital has done much to lessen my feeling, amounting almost to horror, at the thought of anyone being mentally ill, or insane as the laity call it. I thought of an insane person as someone very different from what he had been, all of his old characteristics lost, and in their place something new and terrible, a person who has lost his ability to enjoy, think, or suffer, and who has no chance of recovery.

The thing that impressed me most was the fact that many cases seemed to have been the result of things that might have been remedied in childhood. One patient said to me "I don't see why I can't go home if I want to. I have always done just as I pleased." If she could have been taught that one doesn't always have to have her own way to be happy and if she could have been taught to restrain her temper,

she would probably never have needed to come to a psychopathic hospital.

The organic and toxic psychoses that could not be remedied are not to me nearly as depressing as the psychoses that might have been prevented. But even one person helped, makes psychiatric nursing worth while.

From another student nurse's paper, we have:

My attitude toward the relatives of these patients has changed also. They come to visit the patient and see only the surface of things being done. They are quick to judge and form opinions and it is not strange that many times the wrong opinion is formed. I find that being very tactful with the relatives

is quite as essential to the recovery of the patient as being tactful with the patient himself.

It seems, too, that even a larger per cent of mental illnesses might be prevented than physical illnesses if the laity could only recognize the primary symptoms. This did not occur to me until I had helped take care of these patients. In other words, illness or any mental disorder had always seemed so terribly beyond control until I actually saw some recoveries made.

Another student writes,

Above all else I have learned to be patient, more tolerant, less rapid to draw conclusions or to abide by first impressions.

The Value of a Brief Course in Psychiatric Nursing

BY MYRA A. WHITNEY, R.N.

WE are told that "The symptoms of the neuroses and psychoses are but the symbolic language of the unsatisfied instinctive desires of the individual, translated into the motor sets which are appropriate for fulfilling them."¹

The various maladjustments to environment as they manifest themselves in the psychotic individual must be nursed, observed and explained, in order to interpret fully the behavior of a patient, and behavior in the broadest sense of the word implies such reactions as emotional attitudes or indifference, manner of speech, display of good or bad judgment as well as the less obvious manifestations of glandular activity. In this way the nurse gains a knowledge of the functional and organic psychoses. The study of the social history of the patient will

¹ William White, M.D.

also give the nurse a clue as to the causes of certain functional psychoses and a study of the laboratory findings will enable her to understand the causative factors in certain of the organic psychoses.

The close interrelation between the mental and physical ailments of the individual is vividly illustrated in the frequent psychotic behavior of a patient with a skull fracture and surely a nurse who has had the opportunity of actually nursing the psychotic patient will be much better able to care for any patient manifesting abnormal mental symptoms, whether such symptoms are the result of trauma or of the toxins of such diseases as pneumonia or typhoid.

Patients are often brought to a general hospital suffering from an organic brain disease such as a brain tumor or a syphilitic infection of the

brain or from some less obvious functional disorder which, if recognized at an early stage, may through proper hygienic treatment be aborted before such disorder has become fixed and incurable.

In psychiatric nursing one learns that what appears on the surface is not always indicative of the true nature of the disorder. Maladjustments of the individual to his environment may be at the root of such disorders as indigestion, minor cardiac difficulties, headache, or exhaustion. The nurse learns thus to place a truer valuation on symptoms. Her observation of symptoms is also given greater weight because of her knowledge of the working of the autonomic nervous system, its relation to the emotions through its distribution to secreting glands and visceral muscles.

To any nurse engaged in caring for human lives in public health work, in hospital or home is given the opportunity to seek for the sources of conflict and maladaptation which prevent an individual from leading a well-balanced life. Especially with the child or young adult, whose mind is yet plastic, may the most effective work be done, because through suggestion and by reconditioning, new neural pathways may be formed, which will tend toward better health. A nurse who has had psychiatric training understands the value of making strong the new synaptic connections, because "Continuity of training is the great means of making the nervous system act infallibly right."²

Whatever the physical handicap of the patient may be, the mental side must not be forgotten, because the physically hurt are also mentally hurt. It may be that the wage-earning capacity is lowered or even lost: to hide his chagrin the individual may, even

² William James.

though whistling to keep up his courage, at the same time turn his mind in on himself and finally cut himself off from his environment and become "a shut-in personality." Unconsciously he finds satisfaction in this state of regression and may remain at a lower level of development than that which he formerly knew. Had his activities been controlled and directed early in the game, he might have been aided to self-help. His own higher cortical control might have been brought to the foreground and, instead of regression taking place, other potential powers might have been developed which would more than compensate for the loss he sustained. His liability might have become an asset.

During the life of an individual there are distinct periods in which adjustment must be made to those instinctive forces which have to do with self- and race-preservation (I refer to puberty, adolescence, involutional and pre-senile periods.) Many individuals meet these situations successfully while others, through lack of early habit-training or false instruction fail to make satisfactory adjustments. If, during one of these periods, a person of unstable emotional make-up is overtaken with illness, business or social calamity, the break may be slight or very definite. Herein may mental hygiene be of estimable value. The patient may be reeducated or reconditioned to meet the events of life in a more adequate manner if the physical deterioration is not too great. One writer has illustrated the above situation by comparing the instinctive forces (the libido) to the stream of life which bifurcates—one branch representing self-preservation and the other race-preservation. If one of these branches is partly or wholly blocked so that there is a

damming up of energy, this energy is thrown into the other channel, causing overactivity of that branch of the stream.

Even a brief course in psychiatric nursing will do much toward helping the nurse to understand her own reactions to many situations which may arise. To have gained some knowledge of the conditions which cause maladaptation in others and to have seen the outcome in concrete form, will assist

her in understanding and aiding all maladjusted individuals as well as being of benefit to herself in helping to maintain a sane and balanced attitude toward her own problems and difficulties. When understood, maladjustments may often be righted. Machinery needs care in order to maintain a high degree of efficiency. How much more then does the human mechanism with all the demands made upon it, need understanding and guidance!

How the Schools Are Meeting this Need¹

BY HARRIET BAILEY, R.N.

SOME of the criticism directed against nursing practice today is that the service lacks the human spirit—that the nurse is too apt to regard the patient as a case falling into this or that classification and for whom certain definite procedures and treatments are to be carried out. While we have been emphasizing the value of instruction in the fundamental sciences, to the end that all the ministrations to the patient may be on a sounder basis, we have not always placed as much emphasis upon the study of the patient himself—his adaptation, his behavior, his emotions, or the content of his thought. In other words, we have not in all instances helped the student to understand the patient.

Far too often the young, inexperienced nurse is having to care for a group of patients, in number far in excess of that to which she can give real nursing care. The multiplicity of other duties, representing the exigencies of the nursing service, leave

scant time for really observing the patient—noting his reactions, his moods, his anxieties, etc. The student becomes proficient in observing, reporting, and recording changes in temperature, loss of appetite, pain, or headache. She has not been equally well instructed in the interpretation of mental symptoms and the relation of physical manifestations to mental causes. Dr. Macfie Campbell has characteristically said: "An upset stomach may be due to inability to digest food. It is just as likely to be inability to digest a situation."

Many years ago, the need of instruction in nervous and mental nursing was felt. Against a great deal of opposition, this was finally made a required course and included in the subjects for the State Board Examinations for Registered Nurse. Because it was an unwelcome subject, it was taught indifferently in many schools for many years. Physicians who had little experience and not a great deal of interest, gave the lectures. No one followed up this instruction with the application to the nursing.

Gradually, over a period of more

¹ Read at the annual meeting of the New York State League of Nursing Education, October, 1927.

than ten years, this condition has been changing. Due to the facts disclosed by the examinations of our soldiers during the war, the increased activity of the National Committee for Mental Hygiene, and the state and local committees, the subject of mental hygiene has received a tremendous impetus. This is being reflected in the standard of teaching in our schools of nursing. Physicians who have not had special experience in the treatment of mental patients are no longer willing to give instruction, but are assisting the principals to secure the coöperation of physicians who are qualified.

In Buffalo, Rochester, Brooklyn, and Utica, a considerable number of schools in general hospitals now send all their students to the state hospitals for this course of instruction. In other schools, where the transportation is a problem, the state hospital coöperates by sending one of its staff to give the course of lectures. Usually, during the course or at the close, the group of students is taken for one or two afternoons to the state hospital when, under the supervision of the principal and the physician, the students meet the patients and observe their care and treatment. Two state hospitals receive the students from the general hospitals for a whole day. Another state hospital received a group of ten nurses, for one week, for an intensive course of instruction. A staff physician gave the lectures and clinics, the principal and her assistants demonstrated the nursing care, and the social service worker also instructed them with reference to the follow-up work for the patient who has left the hospital.

Six schools offer three-months' affiliations in the care of nervous and mental patients as an elective course. The affiliations are with Bloomingdale Hospital, Rochester State Hospital,

and Butler Hospital, Providence, Rhode Island. Two schools supplement their medical experience by an affiliation in this branch, one with the Rochester State, the other with Butler Hospital.

There are four general hospitals in this state in which there are registered schools, which make provision for the admission of psychiatric patients. In these schools, this experience is an integral part of the basic course. The mental hospitals will always offer rich opportunity for experience. Much progress has been made in providing adequate classrooms, instruction, and supervision of the students. The problem of adequate housing has been a handicap in developing this opportunity for affiliating students for general hospitals.

That this instruction is not being given satisfactorily in the very large number of schools is evidenced by the appeals for assistance which come to the office. Particularly, do the principals feel the need of securing a nurse instructor who not only can correlate the nursing but also utilize for demonstration all those opportunities which even the small hospital may present.

In contemplating the future of nursing education, must we not give more consideration to including experience in this branch? How much longer are we going to require instruction, without experience, or even adequate instruction in the nursing? It is so manifestly unsound from the educational standpoint. As well might one accept a course of lectures in obstetrics or medicine, as meeting the educational requirement. There is a special technic, if you please, to be employed in the care of borderline and frank mental conditions, which no amount of classroom instruction can possibly give the student.

The prejudice against this type of nursing is rapidly disappearing whenever knowledge replaces ignorance. Is it not significant that students are requesting this experience, either as undergraduates or postgraduates? Some time ago the special hospitals which have been approved for this experience reached their limit in admissions.

The value of this experience is no longer questioned. In closing, I am going to give you two statements to corroborate this:

A director of a large public health nursing association, who has had many years of experience and many opportunities to observe the results of our preparation of the students said that instantly she could single out the nurses who had had experience in the care of mental patients. These nurses always made so much better contacts with the patients and their observations were more inclusive.

Another is from a student.

I wish I could have a longer assignment in the psychopathic clinic. I am just beginning to learn something. The work in the general hospital is not nearly as interesting. Sometimes there doesn't seem to be anything to do, the patient stays in bed and does everything else he is told. But for the patient who is mentally ill, there is something to do all the time and one's wits must be constantly at work. I feel it has been the very best part of my training.

Shall not one of our immediate aims in education be to provide opportunity for experience in this branch of nursing so that "all those who are sick in soul may be ministered unto more understandingly?"

Getting the League Proceedings

EACH autumn and winter bring letters of this type to Headquarters: "I did not receive my Proceedings of the National League of Nursing Education. Will you please send me a copy?"

The League cannot guarantee copies of the Proceedings except to those members who have paid their dues for the current year by the close of the Convention. Immediately after the Convention, preparation begins on the manuscript, and the order for Proceedings is placed with the printer in accordance with the paid-up membership at that time. A small margin is allowed for special requests but it is obvious that provision cannot be made for an uncertain number of members who may later forward their dues.

If you reside in a state where no State League exists, as an individual member, send your dues directly to the treasurer of the National League of Nursing Education, Marian Rottman, 440 East 26th Street, New York City. If you reside in a state where there is a State League, send your dues to your State League treasurer and she will forward the National quota to the National League treasurer.



Sources of Vitamins for Young Children

ORANGE juice is the best for them and is now recommended by physicians wherever the fruit can be obtained. Tomato juice is the other best source of vitamin C for infants. There is no preference between orange and tomato juice and you can safely choose the one which you can get most conveniently. The tomato is a vegetable which has just come into its own during recent years. Modern investigations have shown it to be a very rich source of at least three vitamins, A, B, and C. Tomatoes which are marketed in large cities are often gathered while still green and allowed to ripen artificially. These have much less vitamin C than those which are left on the vines to ripen in the air and sunlight.—From an article by Dr. E. V. McCollum and Nina Simmonds in *McCall's Magazine*.

Questions

15. What is the origin, principle and chief therapeutic action of alpha-lobeline?

Answer.—"Alpha-lobeline is an alkaloid derived from the lobelia inflata. The chloride of lobeline is soluble in water and may be given hypodermically. Alpha-lobeline has a stimulating effect on the respiratory centre, and in large doses also affects the vagus centre, causing slowing of the pulse, cardiac paralysis and bronchial spasm. This is directly antagonistic to the action of preparations of

the crude drug, since lobelia or its preparations cause nausea, and reflex relaxation of the bronchial muscles. Alpha-lobeline, like caffeine, acts best when the respiratory centre is depressed or paralyzed, as in anaesthetic narcosis. It is usually given in doses of 0.006 gm. (gr. $\frac{1}{16}$) repeated as needed to produce respiratory stimulation. It is an emergency respiratory stimulant, but dangerous to individuals with weak hearts. The dose for infants is gr. $\frac{1}{30}$ given intramuscularly."—Foote's *Materia Medica for Nurses*.



Regarding Re-registration

A CONSIDERABLE number of states are now requiring annual registration, or re-registration as it is sometimes called, but it is still an open question in many states and one that will be discussed with animation at Louisville. Opinions from two states where the matter has had careful thought may provide a useful basis for thinking.

Anna C. Jammé, of California, answering the question: "Do you think that registering with the County Clerk takes the place of re-registration with the Board of Examiners?" says, "The two are distinct and different. The reason for the registration of the certificate with the County Clerk is to have a record in case the certificate should be lost. This is done much the same as one records a deed or other public document. I can see no need for this, as the record is kept in the office of the Board of Examiners and should be as safe as a record in the County Clerk's office.

"Re-registration, or annual renewal, as I take it, is done for the purpose of keeping a current list of nurses with their addresses. As years have progressed we accumulate a great deal of dead material in our office and by annual renewal the certificate is kept alive and a current list of nurses is maintained."

Jane Van De Vrede, of Georgia, is in agreement with Miss Jammé but answers the question at length as follows: "Re-registration, in my opinion, has value only if done

through the Board of Examiners of Nurses. Its advantages when so carried on are: First, the nursing resources of the state can be rapidly and effectively organized for emergency. Second, delinquent nurses can be more readily recognized by a state registration under the Board issuing original certificates, and complications avoided, in transfers, etc. Third, lists are not apt to be misused since professionalism is more easily guarded. Fourth, nurses can be assisted professionally. Fifth, moneys can be used to increase professional advantages to the nursing profession which bears the expense of registration on an individual basis. Sixth, re-registration offers a channel for reference or directly to keep nurses abreast of opportunities, privileges and responsibilities for the private duty nurse (the great majority) that is not now embraced in any plan for such nurses as are not members of their professional organizations. Seventh, re-registration offers the information upon which to base adequate distribution and special opportunities. Eighth, re-registration offers information to the public of standards of proficiency, and of putting in their hands a method of protection.

"On a county basis none of these objects could be so well carried out, even if they were under professional direction, and not nearly so well under no professional direction."

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

AMERICAN RED CROSS NURSES IN FOREIGN LANDS

FOR more than a decade the American Red Cross has been interested in the promotion of nursing in foreign countries, either through the work of individual members of its nursing enrollment who might be working with other organizations, or in specific instances where the American Red Cross was giving actual financial assistance to a definite project.

China is perhaps the best illustration of the former situation, for in that country, at one time, over eighty American Red Cross nurses were enrolled. Such American Red Cross nurses as Nina Gage, now President of the International Council of Nurses, Cora Simpson, Secretary of the National Society of Chinese Nurses, and many others wearing the Red Cross insignia and receiving moral support and advisory assistance, have with credit to the profession, and particularly to the American Red Cross, carried the ideals and standards of modern systems of nurse education to many parts of that vast and greatly troubled country. They also at the call of the American Red Cross have rallied under its banner for service in that country or adjacent ones during great disasters. Many others have done similar work in various countries the world over and are regarded as worthy and honored representatives of the great American Red Cross.

Following the World War, the American Red Cross upon invitation from special groups in several countries on the continent of Europe,

hitherto without modern systems of nurse education or modern nurses, agreed to assist with the organization of schools of nursing in Poland (where two were organized), Czechoslovakia, Bulgaria, and Turkey.

The most essential features followed by the American Red Cross in all local plans have been the organization of a strong committee composed of representatives from the National Departments of Education and Hygiene, the State University, local Municipal Government, the National Red Cross Society and other important groups or individuals. An American nurse faculty, in varying numbers, in some instances four or five, have been supplied. The policy of gradual withdrawal of the American staff and replacement by graduates of the school who have had special post-graduate preparation in this country or in England has been consistently followed. The American Red Cross has always paid the salaries and travelling expenses of the American staff, sometimes of the local as well, and has made an appropriation for equipment, which has enabled the schools to conduct their classes in suitable classrooms and with suitable teaching material. The local committees have joined in providing hospital facilities, a residence and school building for the nurses and the upkeep, although many times the American Red Cross has helped toward this. One interesting feature in connection with these schools has been the payment of tuition. Practically all of the schools have required a fee and in most instances the schools are registered under the Department of Edu-

cation, in such classification as may exist for the inclusion of professional, technical and vocational training.

THE PRESENT STATUS OF THESE SCHOOLS

What has been the result of the American efforts in these particular connections?—a study of the individual projects, country by country, indicates conclusively that the general plan has been a sound one and that the results obtained have amply justified the expense and effort.

Czechoslovakia.—The first country to which the American Red Cross turned its attention was Czechoslovakia. The School in Prague was the first to be returned to the local personnel. While in some respects it does not occupy the same position in the community as the schools in some of the other countries, it has been maintained and is continuing to give many well-trained nurses to that country.

Poland.—In Poland, the American Red Cross organized two schools, one at Poznan and one at Warsaw. The latter was made possible through the generosity of an individual who, greatly interested in furthering nurse education in Poland has contributed a definite sum each year to the Red Cross which has acted as her agent, both as to distribution and supervision.

Some years ago, all the American nurses were withdrawn from Poznan, the school being continued under local supervision with a Polish nurse in charge. While a great many difficulties have existed in connection with this school, the last report indicates that many of these are gradually being eliminated and that the work is slowly developing on a more satisfactory basis. This school has been located in the city of Poznan and the

hospital for practice work in a city at considerable distance. This has meant the maintenance of a staff in each institution, with a teaching staff in Poznan. Certain clinics in Poznan, however, have provided experience in pediatrics and in the public health nursing field. The promise of a new school building, with clinical facilities, adjacent to the school has recently been secured. This will provide a more cohesive arrangement. Great praise should be given to Miss Rabowska for her perseverance and patience in holding the school together during this particularly critical period. A large number of her students have been given scholarships and have returned as members of the staff.

The Warsaw School, organized and developed by Helen L. Bridge, is about to come under the direction of the graduates from the school, itself. It, too, has had many obstacles to overcome. There were fewer difficulties, however, than the Poznan School has encountered. Here a splendid new school building is being erected where ample quarters for the faculty and students, with a modern and up-to-date teaching unit has been provided. This is located near some of the larger clinics. A recent letter from the Director of this School, Miss Bridge, who is about to leave the school, states: "Ten graduate nurses sent abroad for training by the Rockefeller Foundation have returned to Poland and have been placed in the public health nursing field, and as teachers in the Warsaw and Krakow School." One of these—Marja Babicka—the first graduate of the school, has been appointed nursing adviser to the National Ministry of Health. This is, indeed, a most progressive step. Imagine a Department of Health in the United States, similar to the War

and Navy Department, with a Secretary serving on the President's Cabinet. If you can visualize it, you will thus be able to realize that the appointment of a nurse to a federal department of this nature is indeed a forward step. Another graduate was sent to England for a thorough course in midwifery. She has returned and is establishing midwifery training for graduate nurses in Warsaw. Another has been in the United States for the past year and has been studying systems of military nursing for the purpose of returning to that country to assist with the development of a suitable nursing service for the Army.

In addition to the Warsaw and Poznan Schools, a School at Krakow sponsored by the Rockefeller Foundation, and another in Warsaw under the Jewish Distribution Organization, have helped to give Poland a qualified nursing service. A National Nursing Organization, admitted to the International Council of Nurses in 1925, has been organized. A plan has been worked out with the Polish Red Cross for auxiliary membership, and in a recent letter Miss Bridge states: "The Polish Red Cross has decided to give twenty scholarships a year to the school; these are adequate to pay the tuition fee. The Red Cross will expect to get from the Warsaw School a minimum of ten graduates each year." In the second place, they have decided to discontinue all short courses which they have used to prepare members for their nursing service. This is, indeed, a very progressive step forward, especially when one considers that a few years ago the Nursing Service of the Polish Red Cross was composed entirely of women prepared through short courses. A most excellent feature in the school in Warsaw is the arrangement which exists with the Amelin Health Cen-

ter maintained for the training of health officers and nurses, whereby the student nurses of the school spend several months studying preventive work. Says Miss Bridge in a recent report, speaking of some of her plans in this connection, plans which might well be copied in some of our American Schools:

We believe that each student nurse even in her earliest days in the hospital should develop a preventive point of view toward disease while she is aiding in nursing ill patients back to health. For this reason we wish to develop on each service some work that will be definitely instructive from the public health point of view.

At present on the Obstetrical ward we have begun some such work. The Instructor and senior student give three talks a week to the mothers, instructing them in the hygiene of pregnancy and of infancy. Each mother is taught to bathe and dress her baby properly and given the address of the baby welfare center to which she should take the baby after leaving the hospital. In addition to this, the health center receives a report of the baby's birth with details regarding the mother's and baby's condition.

This piece of work is incomplete but we wish to develop something similar on the other wards and develop that already begun to a higher standard.

It is with regret that the American Red Cross terminates its supervision of this school. It has been vitally interested from the outset, and in the correspondence and reports that have passed between Washington and Warsaw a constant current of thought and sympathy has been maintained.

In a recent letter from Miss Bridge she makes the following statement:

To leave the school is bound to be a sad experience in my life. Tomorrow we shall have the graduation exercises and if I get through them I shall be a good one. For I am sure that it will be the last group of little Polish nurses I shall face as their Director. I shall give out my last diploma and medal. Tomorrow our total number of graduates will go up to one hundred and thirty-five. When I came, it was my dream to see at least

one hundred nurses graduated. When I leave, I shall have seen more than the accomplishment I set for myself.

Sofia, Bulgaria.—American nurse direction of the school in Sofia was discontinued in the summer of 1927. Hazel Goff, who had spent practically three years in that country and had done a great deal to bring the school up to its present status, resigned and has since accepted an offer from the Rockefeller Foundation as a member of their Field Staff, detailed to the Balkans. The school is now under the able direction of two graduates of the school. Both had spent considerable time in this country preparing for this responsibility. In a letter received recently from the Director of the School, Miss Sendova, whom many American nurses will remember, she gives the number of students in the school as forty-eight with a supervisory and administrative staff of eleven. She also speaks of "having added to the course of theory, ten hours of psychology." (American schools take notice.) She also speaks of having been appointed a member of a committee to represent nursing for the consideration of the development of a system of social service for the country. A national nursing association has also been organized which maintains a magazine called *Cestra*. It, too, made its affiliation with the International Council of Nurses, in 1925. This association has recently organized a Conference and has invited nurses from Jugo-Slavia, Roumania, Greece and Poland to attend. Sounds like a Divisional Meeting of the American Nurses' Association.

Constantinople, Turkey.—The American Hospital and School of Nursing in Constantinople has recently suffered a considerable setback. It seemed inevitable that the school and hospital should close because of lack

of money. An effort, however, is being made by friends of the school now in this country to tide it over for another year, during which time it is hoped that a constructive plan will be developed for the maintenance of the school under less expensive conditions. The widespread distribution of the graduates of this school indicate the very great need of a center of nurse education in that part of the world. Mary K. Nelson, who has been closely associated with the school, is also interested in its continuance. A recent letter from an interested friend of the school who is making a very desperate effort to collect money to continue it, and also to develop a more permanent and constructive plan, gives this interesting slant on the general situation:

In the present naturally nationalistic atmosphere in Turkey, an effort that is as free as is this Constantinople Hospital from the limitations of Trustees, Organizations, Foundations, etc., has a very real advantage in helpfully cooperating with the Turkish leaders and the department of Public Health. Again, the prime constructive foundation of the hospital is its potential contribution to the developing ideals of the nurses' profession and its training methods. This work will have to do with Turkish young women, now first coming out of the seclusion of the veil and raising their heads as members of society. Again the Turkish people have a natural appeal and likableness that is found in few of the people in the Near East, either Moslem or Christian.

It is rather interesting to note that during the past year twenty Turkish women have entered the school for training. This would have been impossible a few years ago. While the American Red Cross has not been directly responsible for this school, it has selected the American nursing personnel and at the outset paid their salaries and furnished a great deal of the equipment. Later it turned its responsibilities over to the

American Committee. Perhaps a "good fairy" will come forward and help to keep this particular school alive, a school in sight of the very barracks at Scutari where Florence Nightingale laid the foundation of modern nursing.

The condition of nearly all of these schools, which have been the recipient of American Red Cross assistance, demonstrate the soundness of the plan which has been followed from the outset. The American Red Cross feels that it has made no greater contribution to the general welfare of communities in any direction than through these schools of nursing. This brief report only suggests results. The good that will ultimately obtain from creating a supply of native nurses cannot be estimated. Those who were familiar with these countries ten years ago, and with the conditions that prevailed in many of the institutions are now in a position to make a comparison of what has been accomplished. As the work continues to spread, however, not only in the hospital field, but in that of public health, it is to be expected that results will amply justify the participation of the American Red Cross in this direction. Great credit belongs to the American nurses who have developed these particular schools. They have not only met many difficulties, not the least of these being a different language, and have overcome them, but they have also had to educate their committees to an understanding of a good system of nurse education.

Profiting by many of the mistakes that have been made in this country, they have brought these schools at the outset under National Educa-

tional Departments and have placed the schools on a strictly educational basis with tuition fees, adequate equipment for teaching and a short working week, with ample time for study and recreation. They have also included in the student's course three or four months of public health nursing. They have assisted with the organization of National Societies and have helped to bring about a practical working plan and a sympathetic understanding between these Associations and the National Red Cross Societies.

These demonstrations on the continent of Europe and the report of present conditions are given, not only as a matter of interest to many American Red Cross nurses who have been connected therewith, but also to all nurses who are interested in nurse education and International Nursing affairs.

ENROLLMENTS ANNULLED

THE enrollment of the following American Red Cross nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Mrs. F. L. Bergstrom, *née* Caroline Leslie Monks; Margaret Alwilda Bonner; Mrs. George Bradford, *née* Minnie A. Needham; Florence Carroll; Lillian Mae Charlton; Anna G. Harris; Letha Anna Hicks; Margaret Foster Houliston; Mrs. George Howland, *née* Clara Josephine Manha; Marie Iverson; Mildred Jones; Mrs. Alfred LaCross, *née* Gladys Genevieve Fairbanks; Mrs. Ruth Bernice Laird, *née* May; Mrs. Della Josephine Larkin, *née* Morley; Meta Lassen; Mrs. Margaret Lavelle, *née* McElearney; Elizabeth Adelaide Laws; Winona Leadlay; Glorinah Mabel Lebars; Mrs. Elizabeth Levenson, *née* Hibbs; Anna Lingscheid; Emelie Louise Little; Totsie Louise Little; Mrs. Russell Loving, *née* Gladys Gawne Sparrow; and Pearl Lundquist.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and addresses of the authors, though these need not be published.

APPRECIATION OF THE *Journal*—ABROAD

"I AM an Old International (groupe 1925/6). I had the pleasure to get the *American Journal of Nursing*, being sent to me three times, by one of the subscribers. I was very astonished at first getting the magazine, as I don't know anybody in New Jersey. I understood the enigma afterwards reading in a cople of our International News Letter, that the League had the idea, to ask the editors of same Nurses' magazines wheter some of their subscribers wouldn't be willing to forward the copies to Old Internationals. As I could'n get the name and address through the League, of the nice subscriber, who did send her copie to me, so I cannot express her my thanks and the pleasure of getting it. I am writing You, dear miss Roberts, to let You know, how much I appreciate the idea and how much I like the *American Journal of Nursing*. I would be glad also, to get through Your office the name and address of the nurse, who did send her copie. I should like to know, what is she doing and let her know about myself and my work, if she will be interested in it."

Poland.

M. M.

APPRECIATION OF THE *Journal*—AT HOME

"I AM a private duty nurse and feel that the *Journal* is continually growing better. Anxiously await each new issue and read it from cover to cover. Have enjoyed so much the articles on the different diseases and nursing procedures of same—'Concerning Tonsils' in March issue, 'Surgical Aspects of Thyroid Disease' by C. D. Lockwood, M.D., 'Nursing in Tuberculosis' by Katherine Good Amberson and others in previous issues. Appreciate same so much that I have copied same in a lecture book. Trust there are more such articles to follow. Am loath to give up my *Journals* at once, but do feel that I would like some one less fortunate to be enjoying them. Best wishes for the progress of the *Journal*."

Pennsylvania.

PRIVATE DUTY NURSE.

FOR EXCHANGE

JULY through December, 1914; December, 1906, June, 1905; January, February, May, July, August, November, December, 1915; January, February, March, November, 1916;

September, 1918. We shall be glad to exchange any of these copies for October, December 1918; June, 1919; January, 1920; March, 1922; August, 1926; January, February, March, May, June, 1914; any except April, 1913; any except September, 1912; any except December, 1911; any of 1910 except April, May, September, October, November; any number of 1908. Stella Goostroy, Children's Hospital, Boston, Mass.

MAGAZINES ON HAND

I. MALINDE HAVEY, Public Health Nursing Service, American Red Cross, Washington, D. C., has complete sets of the *Journal* and the *Public Health Nurse* from 1922 to the present date which she will send to some library willing to pay the cost of shipping.

Bertha Christman, 373 Spruce St., Pottstown, Pa., has copies of the *Journal* from December, 1917, to the present which she will give for the cost of transportation.

INFORMATION DESIRED

Will Miss Ethel Hollway who knew Miss Kathleen Raye in New York, please write to her before July at 194 Queen's Gate, London, England?



Are There Any Objections to Vaccination on the Leg?

YES, leg vaccinations are exposed to more moisture, and to more contamination from street dust, than vaccinations at the region of the deltoid insertion. On account of blood stasis, primary leg vaccinations in adults are often accompanied by a purplish discoloration, and result in a large, slowly healing ulceration; they usually cause temporary disability. Vaccination on the arm, when performed by the multiple-pressure method causes no disfigurement; the resulting vaccination scar is definite and typically pitted for inspection purposes, but hardly noticeable otherwise except as a "sanitary dimple."—From the *Weekly Health Bulletin*, Connecticut State Department of Health.

Student Nurses' Page

Two Cases of Tetanus

At the Memorial Hospital, Owosso, Mich.

I

BY VIVA HOESLI

TERRY PARSHALL, age 13 years, entered the hospital, December 23, 1927. Five weeks previous to entering the hospital, while chopping wood, the axe slipped and cut his right foot. The wound healed quickly and he was soon walking with a crutch. Two days previous to entering the hospital, he fell, and almost immediately felt sharp pain in back, had a chill and a slight rise of temperature. His neck and the muscles of the jaw were a little stiff and gradually became more so. The facial muscles were also affected. The patient became hypersensitive to light and sound. He lay constantly on his right side with knees flexed and head drawn back. Respirations were labored and he complained of headache. The trismus was so marked that he could open his mouth only one-half inch.

Physical findings, on entering hospital December 23d: Patient fully oriented as far as surroundings were concerned. Head, ears, eyes, mouth, chest, all negative. Reflexes, both deep and superficial, hypersensitive. Muscles of back, neck and mandible in a condition of tonic spasm.

Laboratory findings: Urine, straw colored, negative for sugar and albumin. Wassermann, negative.

Doctor's orders:

Tetanus serum—

	Dec.	Units
Intraspinaly	23 4:00 p. m.	15,000
"	24 11:15 a. m.	20,000

Intravenously	24 11:25 p. m.	20,000
Intraspinaly	25 10:30 a. m.	20,000
"	26 11:10 a. m.	20,000
"	27 12:30 a. m.	20,000
"	28 11:30 a. m.	20,000
"	29 11:40 a. m.	20,000

S.S. enema as necessary. Codeine, gr. $\frac{1}{2}$, p.r.n., to keep patient comfortable. Mercurochrome to rash on face. Magnesium sulph., 20 c.c., given intravenously, daily, to prevent convulsions; using in all, 100 c.c. of 10 per cent and 60 c.c. of 25 per cent.

The patient was very drowsy most of the time. He did not answer when spoken to. Color, extremely pale. He had slight convulsions after serum treatments and severe reaction, the temperature ran up to 102, pulse 100, respiration 36. Perspired freely, had intense pain in back and neck, eyes were swollen shut, refused nourishment, nauseated, vomited green emesis. Codeine gave some relief from pain, and the reactions gradually became less severe, but on December 26, a rash developed on the face. This was painted with mercurochrome and after six days disappeared; the eyes were less swollen, pain less severe and patient could take fluids by mouth. He slept fairly well during the night. On January 1, there was a marked improvement. The patient began to notice objects around him and his muscles were less tense. On January 5, he was up in chair for five minutes but was very much exhausted when put back to bed. The next day, however, he sat up ten

minutes and the time was increased every day after that. The rigidity of the muscles gradually disappeared,

appetite improved and he was discharged on January 24 in very good condition.

II

BY MARY NOURSE AND LOUISE WILSON

ARTHUR W., age 17. Father and mother both living. He is the oldest of six children, two brothers and three sisters. Has always been at home and has always worked very hard; only completed the seventh grade at school.

He was working in the garden and stepped on the sharp end of a wire. Cow manure was applied as a poultice. The wound closed in a few days. After eight days, the jaws became stiff and when brought to hospital, ten days after injury, all his muscles were stiff, especially those of the back and neck and were beginning to twitch and jerk.

Laboratory findings:

Urine—orange colored and cloudy.
Spinal fluid—cell count, 3,000 per c.mil.
Wassermann—negative.

Operative procedures: The foot was opened where wounded; washed out three times daily with hydrogen peroxide and dry dressings applied. Later, washed out with peroxide and boric dressings applied.

Doctor's orders:

Tetanus antitoxin.
7/30/26.—May give liquids.
Mg. Sol., 50 per cent—4 c.c. q. 2 h.
(by hypo.)
Chlorotone, grs. XXX, q. 4 h.
(per rectum) with olive oil.
8/ 9/26.—Discontinue chlorotone unless he becomes restless.

8/15/26.—Discontinue magn. sulph.

Purpose of medications:—Magn. sulph. to reduce temperature and quiet patient.

Chlorotone: to relax muscles and relieve pain and restlessness.

Tetanus antitoxin, given—

	Units	July	
Intraspinaly	35,000	30	1:30 p. m.
Intramuscularly	20,000	30	10:00 p. m.
Intraspinaly	6,000	31	11:30 a. m.
Intravenously	7,500	31	12:15 a. m.
"	10,000	31	10:00 p. m.
Aug.			
"	10,000	1	12 noon
"	8,000	2	4:00 a. m.
"	10,000	3	8:30 p. m.
Intramuscularly	10,000	6	10:45 p. m.
"	10,000	9	10:00 p. m.

Nursing service: Give plenty of fluids. Turn patient and change position often. Bathe often when restless.

Recovery: Patient was delirious at times but had no convulsions. Began to gain about the 13th day after coming to hospital. Gained a little each day, could move head more and turn more easily, eyes became less dull. On the 17th day he sat up in bed for about an hour and on each day thereafter he sat up longer. On the 20th day he sat up in a chair. At that time he could eat practically everything with the exception of meat. On the 28th day, when he went home, he was very much improved, and could walk and eat well.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication.]

American Nurses' Association



THE BIENNIAL CONVENTION

The biennial convention of the three national nursing organizations will be held in Louisville, Ky., June 4-9.

Headquarters. Official headquarters will be at the Jefferson County Armory, where the exhibit will also be housed.

Hotels. All hotel arrangements should be made through Miss J. O'Connor, 922 South 6th St., Louisville.

Information regarding arrangements for the biennial convention has appeared in recent issues of the *Journal* to which the following references have been compiled:

Information	Journal issue
Arrangements, complete résumé	April
Bulletin board	April
Exhibits	Feb., April
Historic Louisville	March
Hotels, complete list with rates	Dec., Feb.
Hotel headquarters	Feb., April
Headquarters of convention	April
Map of downtown Louisville	February
Nominees for A. N. A. officers	March
Nominees for N. L. N. E. officers	April
Post-office arrangements	April
Side trips	April, March
Social functions	March, April
Transportation:	
Certificate plan	April
Train travel data	April
Northeastern	March
Western	February

Transportation. The Transportation Committee is not naming any official routes but is leaving that, as well as arrangements for spe-

cial cars and trains, to the nurses in various localities.

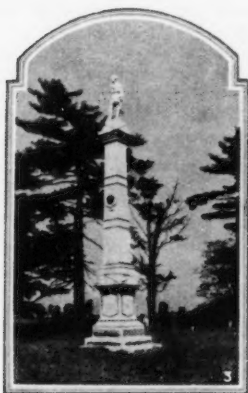
Before purchasing their tickets nurses are urged to inquire into the possible reduction in rates to the biennial convention. There are two types of reduced fare obtainable, the summer rate and the certificate fare. The local ticket agent or the district chairman of transportation will be able to furnish information about these reduced rates. The summer rate offers a very considerable reduction and will be of particular value to nurses coming from the western states.

The certificate plan enables the nurse to make the trip for one and one-half times the single rate instead of twice that amount. This is possible only if the nurse obtains a certificate when she purchases her ticket to Louisville. It is impossible to obtain the reduced fare on the certificate plan unless the certificate is granted at the same time the ticket is purchased. To obtain the one and one-half fare rate, the nurse purchases her ticket to Louisville from her local agent at the usual full rate. At that time she is given upon request a certificate which she must present to the railroad representative who will have a desk in the Armory at Louisville from June 4 to 8 for the purpose of validating these certificates. When the nurse's certificate has been validated, she may purchase her return ticket for one-half the usual rate. Certificates will be honored up to and including June 12. Tickets may be purchased and certificates secured from the local ticket agent from May 31 to June 6.

Reservations, tickets and certificates may be secured for the Northeastern division in advance of the dates specified above by addressing Caroline Garnsey, Room 1641, 370 Seventh Ave., New York.

The certificate plan has been adopted for the convention by the trunk lines east of Chicago. But as the passenger associations usually concur in the policies adopted by one of their large groups, it is expected that the one and one-half fare rate will be obtainable in virtually any part of the country. There are, of course, a number of nurses who will go to Louisville by special train or for whom special arrangements are being made. If there is any question as to transportation facilities, the nurse should get in touch immediately with her transportation chairman.

Present yourself at the railroad station for



NEW POINTS OF INTEREST IN LOUISVILLE, KENTUCKY

The views of Louisville do not in any adequate sense convey the charm of that lovely city with its spacious parks and beautiful drives. Despite its many industries, it is essentially a city of homes, its Cherokee Parkway in particular being an unexcelled residential section.

tickets and certificates at least 30 minutes before departure of train on which you will begin your journey.

The fare and one-half will be granted in

Canada east of and including Armstrong, Fort William and Sault Ste. Marie, Ontario. The dates of sale are May 31 to June 1. Certificates expire June 12.

The chairman of the Transportation Committee for the entire country is Anna Drake, 312 West Ninth St., Cincinnati, Ohio. The following regional representatives have been appointed: New England and Middle Atlantic States, Caroline Garnsey, 370 Seventh Ave., New York City; South Atlantic States, Jane Van De Vrede, 105 Forest Ave., N. E., Atlanta, Ga.; North Central States, via Chicago, May Kennedy, 6500 Irving Park Blvd., Chicago, Ill.; South Central States, via St. Louis, Emilie Robson, 2221 Locust Ave., St. Louis, Mo.; Gulf States, Mrs. Clara C. McDonald, 3020 Toledano St., New Orleans, La.; Pacific Coast Region, Mrs. J. H. Taylor, 743 Call Bldg., San Francisco, Calif.

Committees. Flora E. Keen is chairman of the Local Arrangements Committee. Her address is Thierman Apartments, C4, 416 West Breckenridge St., Louisville. The chairman of the National Committee of Arrangements is Janet M. Geister, 370 Seventh Ave., New York City.



Program, American Nurses' Association

Four joint sessions, planned to emphasize four important considerations in the nursing profession today, are to be included in the program of the biennial convention of the three national nursing organizations.

"Adult Education" will be the subject of an address given by Dr. Charles Hubbard Judd, head of the School of Education, University of Chicago, at the opening meeting of the convention, Monday evening, June 4. Final results in an 18-months study of the economics of nursing will be made public for the first time at the general meeting of Thursday evening by Mrs. May Ayres Burgess, director of the five-year survey being conducted by the Committee on the Grading of Nursing Schools. Adequate nursing of the community will be considered in the joint session of Tuesday morning, Dr. C.-E. A. Winslow, professor of public health, School of Medicine, Yale University, presenting the problem from the standpoint of "Community Nursing Needs." At the general meeting Wednesday morning, mental hygiene will be the subject, the session being in charge of the Mental Hygiene Section, A. N. A., of which Effie J. Taylor of Yale University is chairman.

Saturday, June 2, 9.30 a. m.-1 p. m., Board of Directors.

Sunday, June 3, 1-4 p. m., Advisory Council.

Monday, June 4, 1-2.30 p. m., Meeting of

Nurses' Relief Fund National Committee, Mrs. Janette F. Peterson, Chairman. Report of Relief Fund Study.

2.30-5 p. m., American Nurses' Association Business Meeting.

Tuesday, June 5, 2.30-5 p. m., Private Duty Section, Vada G. Sampson, Chairman, Ruth W. Gray, Secretary. "The Private Duty Nurse," S. Lillian Clayton; "The Problems of Private Duty Nursing," to be announced; "What Does Group Nursing Offer to the Private Duty Nurse?" Nancy Fry, Ann Arbor, Mich.; "What Does Well-organized Floor Duty Offer to the Private Duty Nurse?" Frances Courtney, Chicago, Ill.; "What Can the Registry Offer the Private Duty Nurse?" to be announced.

Federation of State Boards of Nurse Examiners of Legislative Section, A. Louise Dietrich, Chairman, Shirley C. Titus, Secretary.

Wednesday, June 6, 11 a. m.-1 p. m., Nurses' Relief Fund, Mrs. Janette F. Peterson, Chairman. All Relief Fund chairmen: State, District and Alumnae.

Discussion of Relief Fund Problems: (1) Presentation of Relief Fund Study Report; (2) "Tuberculosis in Young Women," Jessamine S. Whitney, Statistician, National Tuberculosis Association; (3) "Insurance for Nurses," Marguerite A. Wales.

11 a. m.-1 p. m., Full-time and Executive Secretaries, Round Table, Mary C. Wheeler, Chairman.

2.30-5 p. m., Government Nursing Sections. Lantern slide pictures of all services. Reports, five minutes each—Army, Navy, Public Health Service, Veterans' Bureau, Indian Service. Address by student of Army School of Nursing; address by student of U. S. Navy School for Pharmacists' Mates; election of officers.

4-6 p. m., Registrars' Round Table, Mary Margaret Muckley, Chairman.

Thursday, June 7, 9-11 a. m., Legislative Section, A. Louise Dietrich, Chairman, Shirley C. Titus, Secretary. "California's Legal Difficulties Relative to Registries," Mrs. Anne A. Williamson, President, California State Association; discussion, Ethel Swope, Executive Secretary of District 5, California State Association; "The Lattin Bill," Caroline Garnsey, Executive Secretary, New York State Nurses' Association; "The Possibility of Establishing a National Reciprocity Board," Caroline V. McKee, Chief Examiner, Nurse Examining Committee, Ohio State Medical Board.

Thursday, June 7, 9-11 a. m., American Red Cross National Committee, Clara D. Noyes, Chairman.

11 a. m.-1 p. m., American Red Cross—Home Hygiene and Care of the Sick, Isabelle W. Baker, Chairman.

11 a. m.-1 p. m., Advisory Council—American Nurses' Association.

2.30-4 p. m., Business sessions: All Sections. Legislative, A. Louise Dietrich, Chairman; Mental Hygiene, Effie J. Taylor, Chairman; Private Duty, Vada G. Sampson, Chairman; Government, Lucy Minnigerode, Chairman.

4-6 p. m., Secretaries' Round Table, All Secretaries, State, District and Alumnae, Mary C. Wheeler, Chairman.

4 p. m., American Red Cross—State and Local Committees, Clara D. Noyes, Chairman.

Friday, June 8, 1-3.30 p. m., American Nurses' Association Business Meeting.

Saturday, June 9, 9-11 a. m., American Nurses' Association Board Meeting.



Program for Joint Meetings

Monday, June 4, 8 p. m., Opening sessions, S. Lillian Clayton, presiding. Invocation; Addresses of welcome, Governor Sampson and Mayor Harrison; Response and Address, S. Lillian Clayton, President, A. N. A.; Addresses by Carrie M. Hall, President, N. L. N. E.; Mrs. Anne L. Hansen, President, N. O. P. H. N.; Clara D. Noyes, Director, American Red Cross; Charles Hubbard Judd, Ph.D., "Adult Education."

Tuesday, June 5, 9 a. m.-1 p. m., Mrs. Anne L. Hansen, presiding. Subject: "Distribution of Nursing Service." "Community Nursing Needs," Dr. C.-E. A. Winslow, Yale University. "How Are We Meeting These Needs? Adjustments We Need." From the hospital angle, Marian Rottman, Bellevue and Allied Hospitals; from the community angle, Sophie C. Nelson, John Hancock National Life Insurance Company. Five-minute discussions from the floor.

Wednesday, June 6, 9-11 a. m., Effie J. Taylor, presiding. Subject: "Mental Hygiene." Addresses by Dr. Ralph P. Truitt, Dr. Frank J. O'Brien, Grace Allen.

Thursday, June 7, 8 p. m., Carrie M. Hall, presiding. Subject: "Report of Progress of Grading Committee"; "The Grading Program from the Medical Viewpoint," Dr. Nathan B. Van Etten; "High Points of Supply and Demand Study" (Summary of Published Report), Dr. May Ayres Burgess, Director, Committee on Grading of Training Schools.

Program, National League of Nursing Education

Monday, June 4, 9-11 a. m., Opening Business Session.

Tuesday, June 5, 2.30-4.30 p. m., Open session conducted by Advisory Council; 4.30-5.30 p. m., General Session. Presiding: Florence M. Patterson, General Director, Community Health Association, Boston, Mass. Relation of Nursing to Maternal Care. Speaker to be announced.

Wednesday, June 6, 11 a. m.-1 p. m., Adjourned Business Meeting; 2.30-4.30 p. m., Session conducted by Education Committee, Presiding: Stella Goostrey, Children's Hospital, Boston, Mass. Subject: Staff Education. "The Improvement of the Nurse in Service: an Historical Review," Blanche Pfefferkorn, Executive Secretary, National League of Nursing Education; "A Study of the Position and Preparation of the Director of Nursing Schools," Daisy Dean Urch, Highland Hospital, Oakland, Calif.; "The Position and Preparation of the Head Nurse," Mary M. Marvin, Bellevue Hospital, New York City, and Cordelia Cowan, Woman's Hospital, New York City; 4.30-5.30 p. m., Conference: Health of Student Nurses, Chairman, Florence K. Wilson, Western Reserve University School of Nursing, Cleveland, Ohio.

Thursday, June 7, 9-11 a. m., Session conducted by Instructors' Section. Presiding: Maude B. Muse, Teachers College, New York City; "Achievements of Nurses in Relation to Intelligence Test Ratings," Louise Metcalfe, Teachers College; "The Use of Intelligence Ratings in Schools of Nursing—Present Practices and Suggestions for Improvements," Marion J. Faber, Illinois Training School for Nurses, Chicago. "Suggestions for Individualized Teaching of Senior Students," Ruth Bridge. 11 a. m.-1 p. m., Conference: Nursing Education in Colleges and Universities, Chairman, Carolyn Gray. 2.30-4.30 p. m., General Session. Presiding: Carrie M. Hall, "The Role of the University in the Education of the Nurse," Hugh Cabot, M.D., Medical School, University of Michigan; "How to Make General Duty More Attractive to Graduate Nurses," Anna D. Wolf, University Clinics, University of Chicago, Chicago. Discussion by Claribel A. Wheeler, School of Nursing, Washington University, St. Louis; "The Protection of Nurses against Diphtheria and Scarlet Fever," Charlotte Johnson, Durand Hospital, Chicago; 4.30-5.30 p. m., Conference: Practical Problems Relating to

Schools of Nursing. Chairman, Sally Johnson, Massachusetts General Hospital, Boston. Friday, June 8, 9-11 a. m., Closing Business Session.



Remember

To make your room reservation early.

To arrive in Louisville by Sunday evening as the N. L. N. E. sessions begin early Monday morning.

To arrange with your local committee regarding transportation.

To obtain a certificate from your transportation agent if you expect to travel on the one-and-one-half-fare rate.

To have certificate validated by railroad representative in Louisville Armory. This is absolutely essential, if low rate is used.

To have all mail addressed care of the Jefferson County Armory, Louisville, Ky.



Nurses' Relief Fund

REPORT FOR MARCH, 1928

Balance on hand, February 28.....	\$23,244.57
Interest on bank balances.....	31.54
Interest on investments.....	362.50
Benefit check returned on account of death.....	15.00
Benefit check returned on account of re-stored health.....	10.00
	<hr/>
	\$23,663.61

Contributions

California: District 1, Alameda County, \$3; District 3, Humboldt County, \$20; District 5, Los Angeles County, \$113; District 9, San Francisco, \$1; District 10, San Joaquin County, \$24; District 18, Long Beach, \$9; District 21, San Pedro, \$50; District 22, Pasadena, \$21.....	\$241.00
Colorado: Denver General Hospital Alumnae Assn., \$50; 21 members of St. Anthony's Hospital Alumnae Assn., \$21.....	71.00
Delaware: Delaware Hospital Alumnae Assn., \$12; Homeopathic Hospital Alumnae Assn., \$4; individual, \$1.....	17.00
Maryland: Church Home and Infirmary Alumnae Assn., \$50; Maryland General Hospital Alumnae Assn., \$6.50.....	56.50
Massachusetts: Franklin County Nurses' Assn., Greenfield.....	10.00
Michigan: State Nurses' Assn., \$856; unexpended balance in Ishpeming Nurses' Convention Fund, \$64.20.....	920.20
Minnesota: District 2, St. Mary's Hospital, Duluth, \$11; St. Luke's Hospital, Duluth, \$17; individual, \$5; District 3, individual members, \$20; Eitel Hospital Alumnae Assn., Minneapolis, \$88; Ancker Hospital Alumnae Assn., St. Paul, \$74; St. Luke's Hospital Alumnae Assn., St. Paul, \$110; St. Luke's Hospital, Fergus Falls, memorial gift, \$6.50.....	331.50

Missouri: District 1 (St. Joseph), St. Joseph's Hospital Alumnae Assn., \$6; District 2 (Kansas City), Children's Mercy Hospital Alumnae Assn., \$1; District 3 (St. Louis), Missouri Baptist Sanitarium Alumnae Assn., \$15; St. Louis Baptist Hospital Alumnae Assn., \$31; St. Luke's Hospital Alumnae Assn., \$7; District 4, Burge Hospital Alumnae Assn., Springfield, \$16; District 6, 9 individuals and commissions on Journal sales, \$12.75.....

New York: District 1 (Buffalo), Deaconess Hospital Alumnae Assn., \$75; Buffalo General Hospital Alumnae Assn., \$25; Erie County Hospital Alumnae Assn., \$10; Buffalo City Hospital Alumnae Assn., \$25; individual contributions, \$137; District 2, Highland Hospital Alumnae, Rochester, \$25; student nurse, \$2; District 4, Hospital of Good Shepherd Alumnae Assn., \$272; District 7, \$70; District 8, individual contributions, \$2; District 13, Beth Israel Hospital Alumnae Assn., \$10; White Plains Hospital Alumnae Assn., \$10; Bloomingdale Hospital Alumnae Assn., \$15; Community Hospital Alumnae Assn., \$10; individual contributions, \$26; District 14, St. John's Hospital Alumnae Assn., \$25.....

Ohio: District 1, \$150.45; District 3, \$67; District 4, \$149; District 5, \$20; District 6, \$35; District 8, \$355; District 9, \$50; District 14, \$8; District 15, \$26.....

Oklahoma: District 3.....

Pennsylvania: York Hospital Alumnae Assn., \$35; Abington Memorial Hospital Alumnae Assn., \$10.....

Porto Rico: 27 members of Registered Nurses' Association.....

Texas: District 1, \$5; District 15, \$1.....

Utah: State Nurses' Association.....

\$88.75

739.00

850.45

8.00

45.00

27.00

6.00

10.00

\$27,085.01

Disbursements

Paid to 187 applicants..... \$2,622.00
Salaries..... 227.50
Postage..... 25.00
Miscellaneous expense..... 6.44

2,880.94

\$24,204.07

\$15,487.33

3,093.35

5,623.39

\$24,204.07

116,575.87

\$140,780.94

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the state chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the state chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association, at the address given

above. For application blanks for beneficiaries apply to your own alumnae or district association or to your state chairman. For leaflets and other information address the state chairman or the Director of the American Nurses' Association Headquarters.



The Isabel Hampton Robb Memorial Fund

REPORT TO APRIL 9, 1928

Previously acknowledged.....	\$32,456.07
<i>Contributions</i>	
Iowa: Burlington Hospital Alumnae, Burlington.....	5.00
Massachusetts: Hampshire County Branch Assn.....	10.00
Minnesota: Bethesda Hospital Alumnae, St. Paul.....	20.00
New Jersey: Muhlenberg Hospital Alumnae, Plainfield.....	2.50
Rhode Island: State Association.....	10.00
Total.....	\$32,503.57



The McIsaac Loan Fund

REPORT TO APRIL 9, 1928

Balance, March 9, 1928.....	\$1,716.06
Interest.....	1.42
<i>Contributions</i>	
Iowa: Burlington Hospital Alumnae, Burlington.....	5.00
Massachusetts: Hampshire County Branch Assn.....	10.00
New Jersey: Muhlenberg Hospital Alumnae, Plainfield.....	2.50
Rhode Island: State Association.....	10.00
Interest on loan.....	4.00
Loan paid on account.....	100.00
Total.....	\$1,848.98

Disbursements

April 9, Loan made.....	100.00
Balance, April 9.....	\$1,748.98

MARY M. RIDDLE, *Treasurer*.

Contributions for both funds are solicited from associations or from individuals. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.



Jane A. Delano Memorial

The Delano Memorial Committee, at a recent meeting in Washington, decided to send communications to all state associations, and through them to the district and alumnae

associations, outlining the present status of the work of the Committee. It is important that these communications be studied with care and that delegates be informed of the wishes of their organizations, for the question of the form of Memorial desired will be put to a vote at the meeting in Louisville. Briefly stated, the question to be decided is this: Shall the Committee renew its efforts to secure a monument when it is known that no site near National Red Cross Headquarters is available or shall it accept the proposal to furnish a room in the building now being erected in memory of the American Women of the World War which will be used by the District of Columbia Chapter of the Red Cross which it is hoped may become a model chapter? This building will contain many memorials to individuals and to groups, whereas the building occupied by the National Red Cross and dedicated to the heroic women of the Civil War may not contain any such memorials. The funds raised by the nurses of the country for the Memorial have been wisely invested and now total about \$43,000. When Lucy Minnigerode resigned the chairmanship some time ago because of ill health, she was succeeded by Adda Eldredge. All correspondence regarding the Memorial should be addressed to Miss Eldredge.



Army Nurse Corps

During the month of March, 1928, orders were issued for the transfer of the following-named members of the Army Nurse Corps to the stations indicated: To station hospital, Fort Banks, Mass., 2nd Lieuts. Sara A. Clark, Joanna Peters; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Mary E. Harder, Minnie E. Newell, Addie R. Richards, Margaret Sherwood; to station hospital, Fort Benning, Ga., 2nd Lieut. Karen Swarva; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieuts. Dora A. Noble, Rozene Wentz; to station hospital, Jefferson Barracks, Mo., 2nd Lieut. Marie Speckert; to station hospital, Fort Leavenworth, Kans., 2nd Lieut. M. Eliza Weaverling; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Annie O. Baird, Louise Fennelle, Winifred Langan, Margaret M. Kennedy, Ruth J. Riggs; to station hospital, Fort Sam Houston, Texas, 1st Lieut. Margaret E. Thompson, 2nd Lieuts. Florence I. Barnhart, Pauline Mitchell; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Alida J. Garrison, Bessie Jackson, Bridget Mullaney, Caroline

M. Myers, Anna G. Slater; to Hawaiian Department, 2nd Lieut. Margaret F. Staples; to Philippine Department, 2nd Lieuts. Sara C. Brogan, Ingeborg M. Dalbotten, Marie Hermanson, Helen V. Johnson, Helen M. Kenner, Antoinette Truchon, Sylvia M. Williams.

The following named, previously reported separated from the corps, have been re-assigned: 2nd Lieut. Anna M. Grassmyer to Walter Reed General Hospital, 2nd Lieut. Minnie O. Velo to station hospital, Fort Sheridan, Ill.

The following named are under orders for separation from the corps: Mary E. Mahoney, A. Louise Zuideweg, Anna Belle King, Mella E. George, Leona Greene, Edna A. Clarke, Elizabeth Zahniser, Julia R. Bliesmer.

JULIA C. STIMSON,

Major, Army Nurse Corps, Assistant.



Navy Nurse Corps

REPORT FOR MARCH

Appointments: Twelve.

Transfers: To Chelsea, Mass., Sue H. Rubincam; to Great Lakes, Ill., Bernice Loughney; to League Island, Pa., Agnes C. DeVine, A. Gertrude Klezius, Audrey B. Hurd, Ruth F. Snell; to New York, N. Y., Laura Hartwell; to Norfolk, Va., Alice Dixon Smith, Rose Anne Soucy; to Parris Island, S. C., Elizabeth K. Esser; to Pearl Harbor, T. H., Mary F. Tuohy; to Puget Sound, Wash. Hazel V. Braddick; to San Diego, Calif., Helen A. Russell, Chief Nurse, Violet S. Gass, Chief Nurse; to Washington, D. C., Allene M. Templeton.

Promoted to the grade of chief nurse: M. Roberta Beat.

The following were separated from the Service: Genevieve K. Brown, Helen M. Wamsley, Mary E. Custer, Ruth Powderly, Chief Nurse, Elizabeth K. Moore.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.



U. S. Public Health Nursing Service

REPORT FOR MARCH

Transfers: To Ellis Island, N. Y., Mary Gordon, Catherine Winters, Asst. Chief Nurse, Ella Stein, Marjorie Walton, Asst. Chief Nurse, Winifred Warren, Asst. Chief Nurse; to Key West, Fla., Monelta Berlis; to

Louisville, Ky., Ellen Cartledge, Chief Nurse, Emmalou Barnes; to Portland, Me., Marguerite Reverdy; to Evansville, Ind., Laura Moline, Acting Chief Nurse; to Mobile, Ala., Anna McFadden, Acting Chief Nurse.

Reinstatements: May Jones, Blanche Culbertson, Erna Hanges, Mary Mayo, Zoe Stevens, Elizabeth Stewart, Grace D. Murray.

New assignments: Twelve.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.



U. S. Veterans' Bureau Nursing Service

REPORT FOR MARCH

Assignments (new): Thirty-one.

Transfers: To Outwood, Ky., Ethel Houston, Chief Nurse; to Rutland Heights, Mass., Lulu Greene, Chief Nurse; to Memphis, Tenn., Veta Lawlor, promoted to Chief Nurse; to Excelsior Springs, Mo., Jessie Durand, Head Nurse; to Livermore, Calif., Rose Zorn; to Maywood, Ill., Antoinette Monteferrand; to Portland, Ore., Marie Ode; to Ft. Lyon, Colo., Mabel Ekstrom, Mary Wintermote; Perry Point, Md., Lottie Brooks.

Reinstatements: Emma Andres, Ora Love-lady, Everette Herndon, Catherine Street, Mary Holl, Erin D. Parker.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.



The Indian Service

REPORT FOR MARCH

Appointments: Seven.

Resignations: Mrs. Isabelle M. Gravells, Johanna C. Pfaff.

Transfers: Mrs. Alice C. Peairs, Mrs. Frances Weller.

ELINOR D. GREGG,
Supervisor of Field Nurses
and Field Matrons.



Conference on Education

A National Conference on Education was held at Teachers College, New York, on the occasion of the installation of William Fletcher Russell, Ph.D., LL.D., as Dean of the College. Dean Russell succeeds his father, James Earl Russell.

Educationally it was a most brilliant event, and the nurses present were highly gratified at having the profession represented on one of the major programs by Annie W. Goodrich, Dean of the Yale School of Nursing. Her subject, which she presented in a most brilliant fashion, was "Responsibilities of Higher Educational Institutions for the Development of American Education."

The installation, beginning with the long procession of distinguished men and women in academic robes with hoods of many hues, ending with President Butler's ringing "I install you Dean," was of impressive dignity. Following the academic tradition on such occasions, the various Schools and Departments of the College subjected themselves to a penetrating analysis of past performances with a view to future development. One afternoon was devoted to this extremely interesting intellectual exercise.

The Department of Nursing spent one hour in a general session, one hour in Group Discussions, and a final hour on "How Shall the Department Develop?" S. Lillian Clayton was scheduled to preside at the General Session, but was detained, and Isabel Stewart took the Chair. Chancellor Samuel P. Capen, of the University of Buffalo, gave a stimulating address on "The Curriculum of the Professional School," which the *Journal* will have the privilege of publishing later on.

Possible changes in departmental objectives and requirements to meet changing professional needs were discussed in four groups: Administration in Schools of Nursing, Elizabeth C. Burgess presiding; Public Health Nursing, with Lillian Hudson in the Chair; Teaching in Schools of Nursing, led by Maud B. Muse, and Supervision in Schools of Nursing guided by Mary Marvin. Time did not permit exhaustive discussion, but many fruitful questions were raised.

In the closing hour Miss Stewart raised such far-reaching questions as: "Shall the department continue attracting a large enrollment of nurses who have not yet received a Bachelor's degree, or shall it begin limiting its enrollment, as other departments of the College are now tending to do, to smaller classes of those who are preparing for the advanced fields and who require a relatively large amount of faculty time per capita?"

The meeting closed with discussions by Elizabeth G. Fox of the American Red Cross of the needs of the public health nursing field, and by Mary M. Roberts of the *Journal* of the needs of the field from the standpoint of nursing education. Both concluded their addresses with a plea for a more carefully formu-

lated philosophy—or way of life—for the nurse.

The social features of the Conference were three: a departmental dinner, attended by about 175, at which Miss Stewart presided and Mrs. Helen Hartley Jenkins was the honor guest; the ball given by Dean and Mrs. Russell, which was largely attended; and the "Teachers College Revue," a series of delightful tableaux depicting the development of the various departments.

The banquet, attended by more than 1,200 persons, was the brilliant culmination of two eventful days. Speakers of international fame, such as Dr. John Finley of the *New York Times*, President Butler of Columbia University, and Dr. John J. Tigert, Commissioner of Education, took part. In his closing address the new Dean likened the development of the College to a fulfillment of the ideals of Grace Dodge, whose spirit has always permeated much of its work, and with moving sincerity reminded his hearers that the institution is infinitely greater than any one administration.



American Conference on Hospital Service

The annual meeting of the American Conference on Hospital Service was held in Chicago, February 7. The constituent members of the Conference represented were: American Association of Hospital Social Workers, American Association of Industrial Physicians and Surgeons, American Dietetic Association, American Hospital Association, American Medical Association, American Nurses' Association, American Occupational Therapy Association, Bureau of Medicine of the United States Navy, Catholic Hospital Association of the United States and Canada, Medical Department of the United States Army, National League of Nursing Education, National Tuberculosis Association, United States Public Health Service, United States Veterans' Bureau.

In his presidential address, Doctor Bachmeyer reviewed the work of the Conference from its origin to date, commenting especially on the development of its Hospital Library and Service Bureau, and outlining possibilities of future growth for both the Conference and Library. The delegates moved that the trustees of the Conference be requested to make a study of the purpose for which the Conference was organized and, after comparing the purpose with the work already accomplished, to

use it as a basis for preparing an outline of future activities which the Conference should foster. This statement, together with plan of procedure for carrying out the work suggested, is to be submitted to the delegates for action. Dr. Frank Billings was again unanimously elected as Honorary President, Dr. Harry E. Mock was elected president, Dr. Ralph B. Seem, vice president, Mrs. Carl Upham Davis, second vice president, and Dr. Otho F. Ball, treasurer. The trustees elected were: Evelyn Wood, Dr. John M. Dodson and Dr. A. C. Bachmeyer.

The delegates had an opportunity to inspect the new quarters of the Hospital Library and Service Bureau which have been provided, without rental charge, by the American Hospital Association in its building at 18 East Division Street. The American Hospital Association is providing this space, rent free, in lieu of annual contributions previously made.



The International Catholic Guild of Nurses

The fourth annual convention will be held in Music Hall, Cincinnati, Ohio, June 18-22. The tentative program, subject to additions and changes is:

Monday, June 18. "Ideals and Accomplishments of the International Guild," Rev. Edward Garesché; "The Current Education of the Nurse," Ann Doyle, New York; "Social Psychiatry," Dr. Emerson North, Cincinnati; "The Nurse as a Public Benefactor"; "The More Adequate Distribution of Nursing Service in Communities"; "The Public Health Nurse"; "The Educational Scope of the Guild," Mary M. Roberts, New York. 2-6 p. m., tea and reception by the Cincinnati Chapter of the Guild and the Good Samaritan Alumnae.

Tuesday evening, June 19. Report on the results of the questionnaires sent out by the Committee on the Grading of Nursing Schools, Dr. May Ayres Burgess, New York; Round Table conducted by Lyda O'Shea, President of the Guild, on "Minimum Standards for Schools of Nursing"; Paper, Sister Helen Jarrell, Superintendent of Nurses, St. Bernard's Hospital, Chicago; Discussion, Martha Gatske, President of the Savannah, Ga., Chapter of the Guild; Esther Tinsley, Vice President of the Guild, Pittston, Pa.; Sister Therese, Mercy Hospital, Chicago; Laura May Wright, Tucson, Ariz.; Sister Cyril, President of the Cincinnati Chapter, and others.

MAY, 1928

Wednesday, June 20, 6 p. m. Annual banquet of the Guild, followed by a program of music and addresses.

Thursday, June 21, 6 p. m. Supper for delegates given by Good Samaritan Hospital, followed by a program. "Nursing Education in the British Isles," E. O'Kane, Lincoln, England, and Mary Monica O'Kane, Sunderland, England; "The Plan for Guild Insurance," M. M. Kerwin, Chicago, Chairman of the Business Men's Advisory Board, International Catholic Guild of Nurses; "The Advantages of Guild Organization in the Far West," Rev. A. J. Coudeyre, Portland, Ore.; "The Psychology of the Nurse," Sister Aveline, Cincinnati; "Medical Latin and Greek for Nurses," Sister Agnes de Sales, Cincinnati, Ohio; "A Proposed Curriculum for Schools of Nursing with University Affiliation," Rev. B. L. Sellmeyer, Omaha, Neb.



International

The opening date for the International Council of Nurses' meeting in Canada, in 1929, has been announced as July 8. An office for the International Council of Nurses has recently been opened at the Royal Victoria Hospital, Montreal.



National Society for the Prevention of Blindness

Mildred G. Smith has been appointed staff associate of the National Society for the Prevention of Blindness with headquarters in New York City. She will act as the liaison officer between the Society and the various nursing organizations.



Institutes and Summer Courses

California: Berkeley. THE UNIVERSITY OF CALIFORNIA, a course in Public Health Nursing, July 2-Aug. 11, Edith S. Bryan, Director; a course in Nursing Education, July 2-August 11, Mary M. Pickering, Assistant Professor Nursing Education. **Los Angeles.**—UNIVERSITY OF CALIFORNIA, July 2-August 11, a course in Public Health Nursing, Mrs. Helen Halvorsen, Director. **San Francisco.**—STANFORD UNIVERSITY, a course in Public Health Nursing, Clara S. Stoltenberg, Assistant Professor.

Colorado: Ft. Collins.—COLORADO AGRICULTURAL COLLEGE, a course in Teaching

Methods for Red Cross classes, July 21-August 24. **Greeley.**—**COLORADO STATE TEACHERS' COLLEGE**, a course in Nursing Education, June 16—July 21, Carolyn E. Gray, Director.

Florida: Gainesville.—**THE UNIVERSITY OF FLORIDA**, a course in Hospital Administration, Nursing Education, and Public Health, June 11—August 4, Katharine J. Densford, Director.

Illinois: Chicago.—**THE ILLINOIS LEAGUE OF NURSING EDUCATION**, its sixth annual institute, June 18—29. Course A, a series of lectures on Teaching in Schools of Nursing, Psychology, Sociology, and Effective Speaking. Course B, special lectures and demonstrations, held at the various hospitals in the city. Experts in their special fields will be selected for this series, so that those attending the Institute will have the great privilege of hearing and meeting some of the most eminent men and women of the medical and nursing professions. This series of lectures will be so arranged that the Private Duty Nurse, Public Health Nurse, the Administrator and the Instructor will find something of interest in her field of nursing. A special feature of the Institute will be a course of lectures in Psychology, at a late afternoon hour, by Dr. William E. Blatz, Professor of Psychology, University of Toronto. The complete program will be ready for distribution May 12, May Kennedy, Director, 6400 Irving Park Boulevard, Chicago. **THE UNIVERSITY OF CHICAGO**, a course in Public Health Nursing, June 16—July 25, Cecelia Evans, Director; Supervision in Public Health Nursing, June 16—July 25, Cecelia Evans, Director; Supervision in Schools of Nursing, June 16—July 25, Dorothy Rogers, Director; Teaching the Principles and Practice of Nursing, July 26—August 31, May Kennedy, Director. Correspondence with the University should be addressed as follows: Concerning admission, to the University Examiner; concerning rooms and housing accommodations, to the University Cashier; for further information, to the General Correspondence Bureau.

Massachusetts: Boston.—**SIMMONS COLLEGE**, courses in Nursing Education, July 2—August 10, Marion M. Rice, Director. **Cambridge.**—**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**, a course in Hygiene of the School Child, July 2—24, Prof. C. E. Turner, Director. **Hyannis.**—**HYANNIS NORMAL SCHOOL**, a course in School Nursing, July 2—August 11, Dr. Merrill Champion, Director.

Michigan: Ann Arbor.—**THE UNIVERSITY OF MICHIGAN**, courses in Public Health Nursing, June 25—August 3. Special courses are also offered in tuberculosis, social work and allied community health problems. For those public health workers who are unable to attend the regular Summer Session courses, the University offers intensified work in the form of week-end institutes. These public health institutes have been scheduled for each Friday and Saturday over a period of six weeks, June 22—July 28. Lectures covering the wide range of fields which play a part in public health are included. These institutes have been arranged to form a complete series, but single institutes may be attended with profit. For further information address, Division of Hygiene and Public Health, University of Michigan, Ann Arbor.

Minnesota: Minneapolis.—**THE UNIVERSITY OF MINNESOTA**, courses in Hospital Administration and Teaching, July 2—14, Marion Vannier, Director, courses by Mary Power, Mary Gladwin and Deborah MacLurg; also courses in Public Health Nursing, Eula Butzerin, Director: June 18—30, Robina Kneebone; July 16—28, Elizabeth G. Fox. Individual units of work can be completed in two weeks for those who do not remain for the full term.

New York: Buffalo.—**STATE TEACHERS COLLEGE**, a course in School Nursing, July 2—August 11, Marie Swanson, State Supervisor of School Nurses, Education Building, Albany.

New York.—**COLLEGE OF PHYSICIANS AND SURGEONS**, a course in Public Health and School Health Inspection, Dr. Haven Emerson, July 30—August 17. **TEACHERS COLLEGE COLUMBIA UNIVERSITY**, more than twenty nursing courses, July 9—August 17. Isabel Stewart, Elizabeth C. Burgess, Maude B. Muse, Mary Marvin, Mary Hulsizer, Katharine Faville, and Louise Metcalf will teach.

Ohio: Cleveland.—**WESTERN RESERVE UNIVERSITY**, a course in Public Health Nursing, May 2—August 28, Marion G. Howell, Director.

Pennsylvania: Philadelphia.—**THE PENNSYLVANIA LEAGUE OF NURSING EDUCATION**, an Institute at Temple University, May 28—June 2, with this program: Teaching of Anatomy and Physiology, ten hours, Ophelia Feamster, including lesson planning and demonstration of teaching with blackboard drawing, dissection, etc.; Principles of Teaching, five hours, George E. Walk; Child and Adolescent Psychology, five hours, Clarence Smeltzer; How To Understand and Meet the Needs of Young

Women, three hours, Sarah Sturtevant, Teachers College, New York; demonstration of new equipment and modern methods in children's nursing, and excursion, Children's Hospital; demonstration of medical aseptic technic in care of communicable diseases and excursion, Philadelphia Hospital for Contagious Diseases; excursion to Mulford's bacteriological laboratories. Teaching materials will also be on exhibition. Harriet L. P. Friend, Chairman, Temple University. **PENNSYLVANIA SCHOOL OF SOCIAL AND HEALTH WORK**, a summer institute on various phases of public health nursing, July 2-August 10, Harriet Frost, Supervisor. No field work is given, but opportunity is provided to observe various types of health work. The courses are designed to give to nurses already engaged in public health nursing, some further preparation for their work. **TEMPLE UNIVERSITY**, a course in Nursing Education, July 2-August 10, Harriet L. P. Friend, Director. **State College**.—**PENNSYLVANIA STATE COLLEGE**, a course in Teaching Methods for Red Cross classes, July 2-August 10.

Tennessee: Nashville.—**PEABODY COLLEGE** and **VANDERBILT UNIVERSITY**, a course in Public Health Nursing, June 12-July 19 and July 20-August 29. **PEABODY COLLEGE**, a course in Teaching and Supervision in Schools of Nursing, June 12-July 19. Abbie Roberts, Director.

Washington: Seattle.—**THE UNIVERSITY OF WASHINGTON**, courses in Public Health Nursing, Nutrition, Sociology, Psychology, and other related subjects for the summer quarter. Credit earned during this quarter may be applied toward a degree and the Public Health Nursing certificate, although no certificate is granted just for the summer work alone; first term, June 12-July 17; second term, July 18-August 22. In addition to the regular work there will be an Institute, July 23-27. This Institute will emphasize the various phases of nursing as well as problems of interest to hospital trustees and those on boards of public health nursing organizations. The special faculty for the Institute will include Annie W. Goodrich, Mary M. Roberts, and Philip Jacobs. Elizabeth S. Soule, Head, Department of Nursing Education.



Commencements

New Jersey: Long Branch.—**THE MONMOUTH MEMORIAL HOSPITAL**, a class of seventeen, on March 16, with addresses by Hon.

Harold E. Hoffman and Dr. George D. Stewart.

New York: Brooklyn.—**ST. MARY'S HOSPITAL**, a class of 28, on March 19, with addresses by Joseph V. McKee and John H. McCooley. **Elmira**.—**THE ARNOT-ODGEN HOSPITAL**, a class of 12, on March 28, with an address by Mary M. Roberts. **BELLEVUE HOSPITAL**, a class of 75, on March 15, with an address by James Sullivan.



State Boards of Examiners

Arkansas: THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold examinations at the State Capitol Building, Little Rock, May 7 and 8. Ruth Riley, Secretary.

Delaware: The next examination for registration of nurses will be held at the Homeopathic Hospital, Wilmington, on Monday, June 4, at 9 a. m. All applications must be in the hands of the secretary, Mary A. Moran, 1313 Clayton St., Wilmington, not later than May 25.

Georgia: Examination for graduate nurses will be held May 22-23, in Atlanta, Augusta, Macon and Savannah, provided a sufficient number of applicants apply. All applications should be filed at once with the Secretary, Jane Van De Vrede, 105 Forrest Ave., N. E., Atlanta, and a temporary permit secured, since it is now illegal for graduate nurses to practice in Georgia without such permit.

Idaho: State Board examinations will be held in Boise, June 12 and 13.

Indiana: The next examination will be in Indianapolis, May 15 and 16, in the State House. Applicants please apply to Secretary, Lulu Cline, 421 State House, Indianapolis.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold examinations in Topeka, May 22 and 23. The Secretary of the Board for eleven years, M. Helena Hailey, has tendered her resignation because of illness.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants, in Lansing, June 5 and 6. Mrs. Ellen L. Stahlnecker, Secretary. Mrs. Helen de Spelder Moore who has been a member of the Board since January, 1919, has resigned; since November of that year she had been secretary.

The nurses and the members of the Board appreciate Mrs. Moore's services and regret her resignation. She retains her position with the State Department of Health as Assistant Director of the Bureau of Child Hygiene and Public Health Nursing. Mrs. Stahlnecker has been appointed to the position of Secretary of the Board of Registration of Nurses and Trained Attendants.

Nebraska: The next Nebraska State Board Examination in nursing will be given June 26 to 28, inclusive, at the University College of Medicine at Omaha, and the State House, Lincoln.

Ohio: Examinations for nurse registration will be held June 11, 12 and 13. Applications should be made well in advance. Address all mail to the Chief Examiner, State Medical Board, Third and Gay St., Columbus.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold an examination for registration of nurses in Oklahoma City, June 21 and 22. Applications should be filed with the Secretary of the Board, Mrs. Candice M. Lee, Route 4, Oklahoma City, not later than June first.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, June 5 and 6. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Vermont: THE VERMONT BOARD OF REGISTRATION OF NURSES will hold an examination for the graduate nurses of the state at Montpelier, May 10 and 11. Hattie E. Douglass, Secretary.



State Associations

Colorado: The Board of Directors of the COLORADO STATE NURSES' ASSOCIATION has appointed Phoebe Parmalee, Denver General Hospital, Denver, to the position of Recording Secretary made vacant by the resignation of Miss Balding.

District of Columbia: The annual meeting of the GRADUATE NURSES' ASSOCIATION will be held on May 7, when Dr. Sinae of the Medical Cost Committee will speak on the research work he is carrying on in Washington. The program this year has dealt with the three following phases of nursing: Education,

Organization, and Public Health. January meeting: Miss Francis of Philadelphia, gave a résumé of the work of the Grading of Schools Committee; in March, Miss Clayton of Philadelphia, discussed the responsibility of the individual nurse to the National Organizations.

Idaho: THE IDAHO STATE ASSOCIATION will hold its annual meeting in Boise, at the Owyhee Hotel, May 1. Emily Pine will speak on the Grading of Schools of Nursing.

Michigan: The annual meeting of the MICHIGAN STATE NURSES' ASSOCIATION will be held in Lansing, May 23, 24 and 25. Listed among the important speakers for this meeting are Mary M. Roberts, Adda Eldredge, and Mary Marvin. The program as outlined is: May 23, breakfast for Executive Board and Council; registration. 10 a. m., address of welcome and response; business. 12, luncheon for League of Nursing Education and State Board of Registration, Public Health, Private Duty. 2.30, opening address, Governor F. W. Green; "nutrition," Dr. M. Dye; unfinished business. 4, drill at M. S. C. 4.30, auto ride, ending at M. S. C. 6.30, Red Cross dinner at People's Church, East Lansing, Elizabeth G. Fox, speaker.

May 24, 9 a. m., Public Health Nursing, round table, Miss Fox. 11, "The Layman's Part in a Public Health Program," Mrs. George Hunter. 12, Public Health luncheon, Dr. Guy Kiefer, speaker. 2 p. m., Student Nurses' Hour, Mary M. Roberts. 2 p. m., "Nutrition," Dr. M. Dye. 2 p. m., "Communicable Disease Nursing Technic," Mrs. Ellen Stahlnecker. 2 p. m., round table for laymen interested in public health nursing, Miss Fox presiding. 6.30, Private Duty Section dinner, Mary M. Roberts, speaker.

May 25, 8 a. m., Publicity Committee breakfast. 9 a. m., business. 10, "Further Progress of the Grading Committee," Mary C. Wheeler; "A Project for the Hospital Supervisor and Head Nurse," Mary M. Marvin; round table on "Teaching in Schools of Nursing," conducted by Miss Marvin. 2 p. m., "A Public Health Viewpoint for the Student Nurse," Alma Foerster; "Weaknesses in our Schools of Nursing," Adda Eldredge; round table on "Practical Problems Relating to the Administration of Nursing Schools," conducted by Miss Eldredge.

Nebraska: Homer Harris has resigned as President of the NEBRASKA LEAGUE OF NURSING EDUCATION. She is succeeded by Lulu F. Abbott of Lincoln.

Ohio: At the annual meeting of the OHIO STATE ASSOCIATION, held in Youngstown, April 11-13, the following officers were elected: President, Clara F. Brouse, Akron; vice presidents, Catherine Mapes of Toledo and Marguerite E. Fagen of Cincinnati; secretary, Margaret Kaufman, Cincinnati; treasurer, Rachel Kidwell, Columbus; trustees, V. Lota Lorimer of Cleveland, and Louise Tooker of Cincinnati. The registration at the convention was 530. A report of the meetings will appear in the June *Journal*.

Texas: THE TEXAS STATE ASSOCIATION will hold its annual meeting in Wichita Falls, May 29-31. The program will include: May 29, 8 a. m., registration, meeting of Advisory Board. 9 a. m., invocation, Rev. S. S. McKenny; address of welcome, C. I. Francis; responses, Mrs. C. H. Ray, M. Cunningham, J. Davenport, G. LaRue; business meeting, speaker, Mrs. Minnie Fisher Cunningham. 12.30, luncheon of Private Duty Section and of the School Nursing Section.

1.30, Private Duty Section. Mrs. Nola Fires, presiding; "Better Private Duty Organization," Mrs. Erikson; "Slides of Progress in Who's Who," Rae Finley; "Improving in Private Duty," Mrs. H. Muhhausen; "American Journal of Nursing," Mrs. M. P. Hill; "Loyalty and Professional Honor," Mamie Franke; "Group and Hourly Nursing."

1.30, School Nursing Section, Miss A. Jacobson, presiding; "Rural School Nursing," Violet Crook; "City School Nursing," Sue Nickerson; "Incorporating the Tuberculosis Program in the School," Mrs. Z. Powell; "Mental Hygiene of Childhood," Dr. F. A. White; "Present Trends in School Nursing," Mrs. E. H. Vaughan, St. Louis. 4 p. m., tea, courtesy Wichita Clinic Hospital. 8 p. m., a memorial service at the Church of the Good Shepherd, under the auspices of the Guild of St. Barnabas.

May 30, 9.30 a. m., Public Health Nursing organization, Amy Lowe, presiding; "A Red Cross Message," Mrs. E. H. Vaughan, St. Louis; "The Great Asset of a Community," Dr. Lefkowitz; "Tuberculosis," Dr. Potts; "Public Health Nursing from a Layman's Point of View," Mrs. E. B. De Pew. At 12.30 a luncheon for public health nurses and one for the League. 2.30 p. m., League of Nursing Education, Mrs. R. E. Jolly, presiding; Invocation, Rev. W. H. Townsend; address of welcome or President's address; "New Types Examination," Mrs. G. Engblad; "Duties, Qualifications, and Prepara-

tion of Supervisors and Instructors," L. Burlew; "Teaching Ethics and Ethical Problems," L. Harris; "Educational and Vocational Work," Lizzie Barbour. 4 p. m., ride around the city, Chamber of Commerce as hosts. 5 p. m., tea, courtesy Woman's Auxiliary County Medical Society.

May 31, 10 a. m. to 12, Conference of Instructors of Nursing Schools, Sue Travis, presiding. 12 p. m. Red Cross Luncheon and Business Session. 2 p. m., Graduate Nurses' Association, E. L. Brient, presiding; Invocation, Rev. N. F. Grafton; business and election. 4 p. m., tea, courtesy of the Alumnae Association of the Wichita General School of Nursing. 8 p. m., entertainment, Woman's Forum Club House.

Virginia: THE VIRGINIA STATE ASSOCIATION will hold its annual meeting on May 22-24, at the Hotel Jefferson, Richmond.



District and Alumnae News

Alabama: Birmingham.—DISTRICT 1 held a meeting on March 14 at the Baptist Hospital. Addresses were given by Linna H. Denny on The "Red Cross Nurse"; by Catherine Moulitis on reasons for attending the biennial convention; and by Harris Burnes on the various phases of nursing. **Eufaula.**—DISTRICT 6 held its monthly meeting at the Blue Bird Tea Room, April 13, fourteen representatives of several hospitals of Dothan and Eufaula being present. The invocation was given by Rev. J. W. Heyes and Lillian Wells had charge of the program, which was given after the luncheon. Johannah Lucas, Assistant Superintendent of Moody Hospital, Dothan, presided and the following instructive papers were given: "Private Duty Nursing and the Private Duty Nurse," Alberta Williams; "History of Public Health in Alabama," Mary Taylor, Barbour County Health nurse.

Colorado: Colorado Springs.—The annual luncheon of the COLORADO SPRINGS NURSES' ASSOCIATION was held at the Elizabeth Inn. New officers were chosen as follows: President, Mary Stewart; vice president, Josephine Glenn; recording secretary, Myrtle Neely; corresponding secretary, Kathleen McGeeney; treasurer, Agnes Musilek; registrar, Caroline Miller.

District of Columbia: Washington.—The regular meeting of the LEAGUE OF NURSING EDUCATION was held at the Children's

Hospital, March 22. Dr. Winifred Richmond addressed the members on "Weeding Out Undesirable Material from Schools of Nursing." Anna L. Rose, George Washington University, led the discussion. The question of introducing the subject of Social Hygiene into the curriculum was left to a special committee.

Illinois: Chicago.—DELANO DAY was observed on March 12 by a service at St. James' Church which was filled to capacity, over 1,500 nurses and students being present. Dr. Duncan Browne gave an address of welcome. James B. Forgan, Jr., spoke on "The American Red Cross" and Edna L. Foley spoke on "Jane A. Delano and the Nursing Service." Responses were made by a student from the Presbyterian Hospital.

Indiana: Indianapolis.—The ST. VINCENT'S HOSPITAL ALUMNAE met on March 3. A discussion of the central directory was led by Mrs. Mabel S. Huggins, Registrar, and Sister Rose, Superintendent of Nurses. Fifty-eight members of the FOURTH DISTRICT ASSOCIATION met on March 13, at the Lumley Tea Room. Dinner was followed by the regular meeting, Dr. Edgar F. Kiser, who was abroad last year, gave an interesting address entitled "Hospitals in London and the East." Mrs. Mabel Scott Huggins, Registrar, Nurses' Central Directory, spoke concerning recent activities and accomplishments of the Directory.

Iowa: Iowa City.—At the last meeting of the STATE UNIVERSITY HOSPITAL ALUMNAE ASSOCIATION, it was decided that an alumnae journal would be of great interest. Lois B. Corder, Director of Nurses, was elected editor-in-chief. The journal will contain many items of interest concerning the school of nursing and its alumnae. **Keokuk.**—The SECOND DISTRICT held a very successful quarterly meeting, March 24, with an attendance of 48, including members and guests. All but three of the eleven alumnae in the District were represented. Edith Countryman, Director of Public Health Nursing Activities in Iowa, gave an inspirational talk. **Mason City.**—A regular meeting of the TENTH DISTRICT was held at Mercy Hospital Nurses' Home, March 24. Following the business meeting, Maude Sutton, Director of Nursing Education and State Secretary, explained the organization and plans of the Grading Committee.

Kansas: Topeka.—DISTRICT 1 has successfully launched the Registered Nurses' Directory with Felicitas Dyer, Registrar.

Fifty-five active and two honorary members compose the charter personnel. **Wichita.**—DISTRICT 6 met at the Y.W.C.A. April 3, with an attendance of 34. Dr. Micellson spoke on "Psychology in Our Work and Federation." The next meeting will be held in Winfield, May 3.

Louisiana: Alexandria.—THE ALEXANDRIA DISTRICT has organized a Grading Committee with Minnie Gilmore, chairman. The April meeting of the District was devoted to this subject with the following program: "A History of the Formation and Work of the Grading Committee," Mrs. Jean Campbell; "Group Nursing," Miss Terrell; "Hourly Nursing and Its Advantages," Minnie Gilmore; "The Modern Directory," Mrs. Rose Pickles; Margaret Gilmore and Leila Dunn of the Finance Committee made an excellent plea for financial support of the national Committee on Grading. Miss Gravel, President of the District, appealed to the members to keep in touch with the work through the *American Journal of Nursing*.

Massachusetts: Boston.—The BOSTON CITY HOSPITAL ALUMNAE will meet on April 3. Charles F. D. Belden will speak on "The Service of the Boston Public Library." The Semi-centennial celebration will be held on October 2-4.

Michigan: Albion.—THE BATTLE CREEK DISTRICT held a meeting on March 14 when a nice program was given by the Albion members. Dr. Thrall reviewed the book, "A Doctor of the Old School." Delegates were elected for state and national conventions. **Battle Creek.**—Lenna Frances Cooper, class of 1900, Battle Creek Sanitarium, a dietitian, received first honors for scientific achievement in the Hall of Fame contest of the *Detroit Free Press*. Miss Cooper is the author of several books and is at present working out a system of diet for students at the University of Michigan. **Detroit.**—The Delano Pageant (described in the *March Journal*) was the first public occasion at which the Bertha M. Fisher Home of the Providence Hospital was used. **Marquette.**—The March meeting of the MARQUETTE DISTRICT was held at the Women's Federated Club Rooms. After the general business meeting, Susan Bates gave an informal talk on her trip abroad and told in detail her visit to the Memorial erected to Edith Cavell. The April meeting was held at the Morgan Heights Sanatorium. The officers are: President, Olive Pendill;

vice president, Mrs. Martha Johnson; secretary, Mrs. Esther Peterson Eggers.

Missouri: St. Louis.—An impressive Jane Delano Memorial Service was held on March 9, at Soldan High School auditorium, sponsored by the local committee on Red Cross Nursing and the St. Louis Chapter of the American Red Cross. From the twelve schools of nursing which participated in the service, one hundred and ninety-four Senior students were reported as having made application for membership in the Red Cross Nursing Service.

The regular meeting of the THIRD DISTRICT was held at Central Club, March 19. Following the business meeting Mrs. Virgil Loeb, a board member of the Missouri League of Women's Voters, outlined in a most instructive way, the work which is now being carried on in an attempt to reorganize and consolidate state government in Missouri. Mrs. Loeb extended to the nurses an invitation to attend an Institute of Government and Politics soon to be conducted in St. Louis by the Missouri League of Women Voters; she also recommended that a committee on Civics be appointed from the district to make a study of nursing legislation and to advance nursing interests in the governmental reorganization plan. At the last meeting of the LUTHERAN HOSPITAL NURSES' ALUMNAE, Miss Oelschlaeger, class of 1923, who has been doing missionary work in China, told of her experiences and had a display of Chinese articles.

New Jersey: Long Branch.—The annual meeting of the NURSES' ALUMNAE OF THE MONMOUTH MEMORIAL HOSPITAL SCHOOL OF NURSING, was held on April 4. The election of officers was as follows: President, Minnie Ireland; vice presidents, Mrs. Asenath Kirby, Bessie Green; secretary, Mary Larkin; treasurer, Mrs. Lillian B. Cottrell.

New York: Brooklyn.—DISTRICT 14, comprising twenty-five associations in Brooklyn and Long Island, is undertaking the erection of a \$700,000 clubhouse for nurses. A ten-story building is planned tentatively with more than 200 bedrooms for transient and permanent nurse residents, lounges, ballroom and a well-equipped gymnasium. By a plan not yet evolved it is expected to open the latter to the public on a membership basis. The Association has incorporated as The Brooklyn Nurses' Association, Inc. The company is handling a bond issue of \$300,000, of which the 500 shares of common stock can be held by nurses, only, thus assur-

ing continuous nurse control of the building. **Rochester.**—SECTION 4 of the New York State League met at the Genesee Hospital, March 20, and enjoyed a talk by Mary T. Davis on "Preparation of the Student Nurse for Public Health Nursing." Grace L. Reid resigned as secretary; she is succeeded by Amalia Metzger. DISTRICT 2 held a meeting at the Club House on the evening of March 27. **Syracuse.**—The March meeting of DISTRICT 4 was held at the Syracuse General Hospital. After a lively business meeting in which Red Cross roll call, yearly physical examinations, etc., were discussed and approved, the members listened to a delightful and instructive talk by Miss Garnsey, State Executive Secretary, on "The Spirit of Service." **Utica.**—DISTRICT 7 has had two interesting meetings. One, an illustrated lecture on "How Biological Products are Made," in the Assembly Hall of the Utica State Hospital, March 1, by John H. Schreiber, Field Manager of Parke, Davis & Co., the other, on March 22, when Dr. Konrad E. Birkhaug of the University of Rochester, addressed the association at the New Century Club on "The Evolution of Preventive Medicine." Two hundred and seventy-five persons were present, including a number of physicians from the staffs of the different hospitals in the city. In the afternoon, Dr. Birkhaug addressed the Senior Nurses on "Charon's Adventures on Rivers Styx and Acheron." On May 13, a memorial service will be held at the Colonial Theatre.

North Carolina: Charlotte.—DISTRICT 3 held a meeting March 20 in the Nurses' Home of the Charlotte Sanatorium. The attendance was the largest in years. There were visitors from Gastonia and Asheville, and more young members present than ever before in the Association's history. Only routine business was transacted, the President requesting that business discussions be deferred until the April meeting. Announcement was made that the April meeting would be devoted to the "Grading Plan" and that a special speaker would be present to help with the subject. Members were requested to be prepared to decide upon a delegate and members who would attend the Biennial in June. Dr. Albert Sidney Johnson spoke wonderfully on "Mental, Physical and Spiritual Efficiency."

Pennsylvania: Ashland.—THE ALUMNAE ASSOCIATION OF THE ASHLAND STATE HOSPITAL met on March 14. Dr. Mary R. Noble, Harrisburg, gave a very interesting talk on Public Health Nursing. The main

topic discussed was the official directory for the private duty nurse. Four new members were taken into the Association. Twenty-nine members were present and four guests.

Meadville.—The alumnae and students of the MEADVILLE CITY HOSPITAL gave a farewell banquet in honor of Lydia Whiton who had resigned as Superintendent of the Hospital. Forty guests were present, most of whom had been trained under Miss Whiton who, during the evening, gave a history of the Hospital. All wished her speedy recovery to health. At the March meeting of the Alumnae Association, a reception was given for Clara Widdifield who succeeds Miss Whiton.

Philadelphia.—The annual meeting of the MISERICORDIA HOSPITAL ALUMNAE was held January 16. The following officers were elected: President, Margaret E. Gough; vice president, Ann Duncan; recording secretary, Marie Dougherty; corresponding secretary, Catherine O'Connor. The members of the Alumnae, students and staff are extremely grateful to the hospital management who made it possible for them to receive a course in Parliamentary Law given by Miss Gannon.

Scranton.—The regular meeting of DISTRICT 3 was held at the St. Mary Keller Memorial Hospital, March 20. After the business session of the District Association, a meeting of the Ways and Means Committee was held. This committee was formed with the idea of being of practical help to the private duty nurses. District 3 is proud to be the first District Association of the state to be credited with a contribution to the Grading plan. It gave twenty cents per capita, late in the year 1927.

Rhode Island: Providence.—During the past seven years, the RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION has raised a free bed fund in memory of its members who died in the war; it has helped in paying the deficit on the Hospital; and it has raised the Inez Lord Scholarship Fund of \$6,000 from which two scholarships have been given. The members are now working for the Lucy C. Ayers Home for aged or disabled nurses and has \$11,000 in the treasury, so far.

Wisconsin: Appleton.—THE THEDA CLARK HOSPITAL SCHOOL OF NURSING, Neenah, has organized an Alumnae Association which was admitted to the Sixth District at the March meeting. Marie Klein, Appleton, is secretary. **Milwaukee.**—The Central Council of Nursing Agencies is making a survey of nursing in Milwaukee County with the view of co-ordinating the activity of the various

organizations and finding out what nursing service is available for the care of the sick in the community.

Wyoming: Cheyenne.—ST. JOHN'S MEMORIAL NURSES' ALUMNAE ASSOCIATION held its annual election on April 3. Officers are: President, Reba Parnell; vice president, Mrs. H. C. Olson; secretary, Mrs. L. J. Van Nastrand; treasurer, Mrs. William H. Gill. A letter from the Grading Committee was read and discussed.



Deaths

Mary E. Faragher (class of 1915, New York Post Graduate Hospital) on March 25, at the Toronto General Hospital, Toronto, Canada. Her death came as a shock to her many friends.

Viola Green (class of 1905, Joseph Eastman Hospital, Indianapolis, Ind.) on March 30, at the Methodist Hospital, Indianapolis, of a complication of diseases. Miss Green was one of the pioneer private duty nurses in Indiana and was actively engaged in this type of nursing service until the time of her last illness. For several years she served most efficiently as Chairman of the Board of Directors of the Nurses' Central Directory. Her interest and participation in nursing activities made her a valuable member of the nursing profession and her loss is keenly felt.

Mrs. Mary M. Greist (class of 1915, Harrisburg Hospital, Harrisburg, Pa.) at the Hospital, on March 13. Mrs. Greist was an active member of her alumnae association.

Mary Huber (class of 1918, Grant Hospital, Columbus, Ohio) at DeGraff, Ohio, January 14, after a long illness. Miss Huber was a private duty nurse who was popular and much loved.

Mrs. Elizabeth Baker Smith (the first class, 1884, Battle Creek Sanitarium and Hospital School of Nursing, Battle Creek, Mich.) on February 6, in the nurses' ward, at the Sanitarium. Mrs. Smith was over 92 years of age. She was Matron of the James White Memorial Home for the Aged, Battle Creek, from 1893 to 1919. She was a woman of fine character and a good nurse.

Mrs. Paul Bernstorff (Alta Tucker, class of 1920, St. Louis Baptist Hospital, St. Louis, Mo.) on March 29, after a short illness.

About Books

STUDY OUTLINE IN PSYCHOLOGY. By Maude B. Muse, R.N., M.A., 140 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price, \$2.

THE growing idea in schools of nursing that the care of the patient includes "nursing his mind," as well as his body, makes emphasis on the study of psychology an appropriate one. As the subject is thus beginning to make its entrance into schools of nursing, the appearance of a "Study Outline in Psychology," by Miss Muse, is timely.

The book, as the title indicates, is an outline to assist students of nursing who are studying psychology. Its aim, as expressed on the title page, is consistently carried out to the end.

In the Introduction, the author gives a list of reference books, which will prove useful in a course in psychology for student nurses, and suggests how economical study may be accomplished; she then introduces the first problem, "Why Should the Nurse Study Psychology?" The topics for study appear in succession in the same order as presented in Miss Muse's textbook, "Psychology for Nurses." This is an advantage, because the outline can be readily used by the students in conjunction with the textbook.

The author next asks, "What Is Included in a Study of Psychology?" and then the other topics follow, beginning with the Behavior Mechanism, then Native Traits and Tendencies, Thwarted Tendencies and Maladjustments, Individual Differences, Intelligence, The Psychology of Economical Learning, The Psychology of Childhood, and finally the Types of Mental Disorders that we may hope to prevent.

The appendix includes suggestions

for out-of-class experimentation on the sense organs, and a brief discussion of the Principles of Teaching, as an aid to those students who will be called upon to teach before they have had an opportunity to take a special course.

There is a list of psychological periodicals at the end of the Outline, which should keep the student up-to-date. The value of the Outline would be enhanced if there were, also, at the end, a list, with authors and publishers, of all the reference books alluded to in the preceding pages. This would save time in searching for a reference only partially remembered.

Among the excellent features of the Outline which contribute toward making it one of great utility are these:

1. Each topic is presented in the form of a question, and is followed by either a series of questions or projects to be worked out by the student. In either case, there are spaces provided for the answers or conclusions, whether in the form of graphs, summaries or outlines. The projects should be valuable to teachers as well as students.
2. A place in each lesson for class notes and notes on readings.
3. Excellent diagrams of the parts of the behavior mechanism, and of materials to use in experiments. The latter should be an aid to teachers and students alike.
4. Many references to broaden the knowledge of students in general psychology.
5. Extra work suggested, if it is possible to devote sixty hours to the course. This broadens the scope of the Outline.

The form in which the Outline is assembled is a good one. The size is convenient, and the price is probably not prohibitive for most students in schools of nursing. Even though the Outline cannot always be placed in the hands of the students, it can be employed to advantage by teachers in planning the course in psychology.

ANNE L. AUSTIN.

Detroit, Mich.

Some Other Books Worth Reading

BY ISABEL ELY LORD

ONE of the most remarkable books of recent years is "The Road to Xanadu," by John Livingston Lowes (Houghton, \$6). The sub-title is "A Study in the Ways of the Imagination." As the title suggests, this study is by way of Coleridge. The notebooks of the poet have enabled Mr. Lowes to trace the original suggestions and pictures and facts that gave the material for much of "The Rime of the Ancient Mariner," "Kubla Khan" and "Christabel." How the creative imagination uses such matter, sunk into what Mr. Lowes aptly calls the "Well of the subconscious," is worked out after an astonishing amount of reading and comparison. The book is properly psychology, yet the author is a man of letters, one of the Harvard faculty. One cannot call it easy reading, in one way, but it is so fascinating to watch the reconstruction of the matter from the Well into the poet's conceptions that one is carried along from page to page until one feels one's own power of imagination growing in a most gratifying way. The book will repay every moment spent on it, and will make all one's reading of imaginative writing more interesting and more worth while.

Cowboy stories are apparently as popular as ever, and here is a collection of really truly ones in "Riata and Spur," by Charles A. Siringo (Doubleday, \$2.50). It condenses into less than three hundred pages enough tales of good and bad cowboys to supply material for hundreds of stories. Mr. Siringo is the real thing, and the facts are from his own life and observation.

Carl Christian Jensen's "An Amer-

ican Saga" (Little, \$2.50) is something more than the story of opportunity offered and seized in our country. It breathes a whole philosophy of life that has in it the cool and clear out-of-doors. It is a refreshing book, despite the sordid details of the earlier part.

"The Grandmothers," by Glenway Wescott (Harper, \$2.50) is unusual in form. Through the eyes of a grandson all the members of his family for the two generations before him are pictured, each with his or her separate story, but tied together by the interpretations of the grandson. Pioneers of Wisconsin, they were, these ancestors, and though many of them scatter far and wide, the grandmothers live and die in the old state, so new when they came to it. It is a cross section of one type, and an important type, of American life.

Those who like a "red-blooded" man's story will enjoy "Flambeau Jim," by Frank H. Spearman (Scribner, \$2). It is a tale of early railroad-ing in the West and the struggle to build a bridge over a difficult river. The hero performs prodigies, but not incredible ones.

SOME BOOKS TO CHUCKLE OVER

Butler, E. P. Pigs is Pigs. Doubleday, \$1.
Clouston, J. S. The Lunatic at Large. Century, \$2.

Also the rest of the series, The Lunatic at Large Again, The Lunatic Still at Large, The Lunatic in Charge, The Lunatic in Love.

Jacobs, W. W. Odd Craft. Scribner, \$2.
marquis, don. archy and mehitabel. doubleday, \$2.

Stephens, James. The Crock of Gold. Macmillan, \$1.25.

Stockton, Frank R. The Casting Away of Mrs. Lecks and Mrs. Aleshine. Century, \$2.

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, Rochester, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Editorial office, 370 Seventh Ave., New York, Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Headquarters Sec., Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty**, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene**, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation**, Chairman, A. Louis Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section**, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee**, Chairman, Mrs. Janette F. Peterson, 680 South Marengo Ave., Pasadena, Cal. **Revision Committee**, Chairman, Dora M. Cornelisen, 148 Summit Ave., St. Paul, Minn.

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Indian Bureau.—Field Director of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

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